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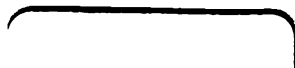
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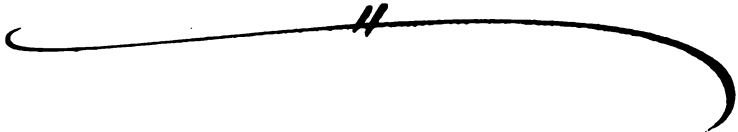


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Dr. A. M. Gardner



STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ELEVENTH ANNUAL REPORT

October 1, 1898, to September 30, 1899

PETER M. WISE, <i>President</i> .	}	<i>Commissioners</i>
WM. CHURCH OSBORN,		
WILLIAM L. PARKHURST,		

T. E. McGARR, *Secretary*

TRANSMITTED TO THE LEGISLATURE MARCH 15, 1900

ALBANY

JAMES B. LYON, STATE PRINTER

1900

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TABLE 1

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No. 57

IN ASSEMBLY

MARCH 15, 1900

STATE COMMISSION IN LUNACY

ELEVENTH ANNUAL REPORT

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ALBANY, March 15, 1900

To the Speaker of the Assembly:

By direction of the Commission, I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1898, and ending September 30, 1899.

T. E. MCGARR

Secretary

54118

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ELEVENTH ANNUAL REPORT

ALBANY, *February 1, 1900.*

To the Legislature:

In compliance with the statute, the State Commission in Lunacy herewith presents its eleventh annual report, covering the fiscal year beginning October 1, 1898, and ending September 30, 1899.

It is our effort to present the established lines in which the State Care System now runs, and to indicate by a species of preliminary survey the probable future development of this department. While the Commission believes that it is maintaining the best of the old things, and is reasonably seeking the new, it recognizes the insidious quality of departmental paralysis. It therefore courts intelligent criticism and suggestion.

The usual subdivision of the report has been adopted, namely:

VOLUME 1.

Part 1. State system.

Part 2. Licensed private asylum system.

Part 3. General hospital system.

Part 4. Statistics.

Part 5. Asylum directory.

VOLUME 2.

Report of Utica State Hospital.

Report of Willard State Hospital.

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Report of Hudson River State Hospital.

Report of Middletown State Homeopathic Hospital.

Report of Buffalo State Hospital.

Report of Binghamton State Hospital.

Report of St. Lawrence State Hospital.

Report of Rochester State Hospital.

Report of Long Island State Hospital.

Report of Manhattan State Hospital.

Report of Gowanda State Homeopathic Hospital.

Report of State Charities Aid Association.

Respectfully submitted,

PETER M. WISE,

President.

WM. CHURCH OSBORN,

WILLIAM L. PARKHURST,

Commissioners.

VOLUME I



PART I

STATE SYSTEM

CHAPTER 1

GENERAL OPERATIONS

The successful supervision of the care of a daily average of 21,146 committed insane in State hospitals, the economical disbursement of \$3,772,969.89 for maintaining the above number of dependent insane, and providing them with physiological and scientific requirements, and \$1,126,043.77 for the construction of buildings and extraordinary repairs and improvements to buildings, the judicious supervision of 930 insane in licensed private institutions and the careful oversight of 706 criminal insane at Matteawan State Hospital, together with the advancement of science through the Pathological Institute, and the development of new ideas in administration, has been the work of the year. Its volume and general success are striking proofs of the value of consolidation and system. It is to be remembered that every item of expenditure and each matter of labor and construction is passed upon by the Commission prior to its execution and that the estimates for maintenance are submitted in triplicate to the Commission at bi-monthly conferences and the estimates and plans for new construction are submitted from time to time. This system enables the Commission to take a bird's-eye view of all the expenditures and to give to the hospitals as a whole the advantages both of the relative experience of the Commission and of the particular experience of any hospital which may have discovered improved methods. In general, it may be said that there is an increasing tendency towards uniformity in the different institutions in the purchase of standard articles, with resultant economies. This tendency has been fostered by the heartiness with which the superintendents have joined at the bi-monthly conferences, and in special committees, in the effort to determine the relative values and costs of the different articles in general use. From the figures showing the consumption of foods in the

General Operations

last three years, the Commission has been able to arrive at a standard of per capita consumption, and it hopes to be able to announce shortly a formulated statement of the per capita quantities of the different food-stuffs, which may be considered a safe and satisfactory food ration. It is interesting to note that this ration, both in farinaceous foods and meats, has averaged about 16 per cent. less than the experimental ration suggested by Dr. Austin Flint, and known as the "Flint ration." More extended observations on dietary appear in a different part of the report.

In the department of construction and extraordinary repairs the Commission has successfully inaugurated a new system of administration. Prior to the autumn visits of the Commission, it requested the superintendents and boards of managers to prepare a statement of their needs in the way of construction and extraordinary repairs for the ensuing year. Upon the visit of the Commission these needs were examined and considered with care; the impressions of the Commissioners, as to each item, being recorded at the time. A general statement of the prospective needs being thus formulated, the Commission is able to determine the relative importance of the different requirements and select the most important during the winter months, obtaining the co-operation of the State Architect, during the period when his office is least crowded, and being ready for the building period in the summer as soon as the Legislature has determined what sum it is willing to allot for such purposes.

The Legislature of 1899 appropriated for construction and extraordinary repairs the sum of one million (\$1,000,000) dollars, available April 1, 1899. From this amount and a balance remaining from the appropriation of 1898, the following sums have been expended during the fiscal year for the purposes indicated:

At the Utica State Hospital:

Farm colony buildings, improvement.....	\$1,096 60
Residence for steward	2,700 00

General Operations

At the Willard State Hospital:

Improvements of Meddick and Van Vleet cottages.	\$4,636 33
Extension to water supply	7,693 69
Plumbing and drainage, wards 1-9.....	5,597 50
Completion of piggeries	2,432 80
Brightman stokers	5,025 00

At the Hudson River State Hospital:

Addition to laundry	\$4,026 33
Enlargement of bakery	3,922 60
Tea and coffee urns and steam tables.....	3,533 00
Two-story workshop	2,931 46
Extension of railway to hospital grounds.....	23,865 00

At the Middletown State Homeopathic Hospital:

New heating, Webster system, large buildings.....	\$8,130 88
Metal drying-room in laundry	822 08
Payments on new silo	343 89
Drains and catch-pits for disposal of surface water.	310 43
Pipe covering to protect steam pipes	280 94
Poultry house	215 95
New front in old oven in bakery	100 00
Spray bath in Grinnell cottage	61 24

At the Buffalo State Hospital:

Cold storage rooms	\$1,829 98
Furniture for additional patients	4,662 13

At the Binghamton State Hospital:

Reconstruction of laundry and new laundry machinery	\$14,075 43
Alterations to attendants' building.....	17,462 38
Alterations to north building	11,290 56

At the St. Lawrence State Hospital:

Infirmary wings and equipment	\$35,202 78
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10 *ANNUAL REPORT OF THE STATE COMMISSION IN LUNACY*

General Operations

At the Rochester State Hospital:

Purchase of Schnackey property and costs	\$13,950 47
Soap plant and stock	6,184 79

At the Long Island State Hospital:

Group one, erection and equipment	\$156,624 85
Increased water supply	13,557 59
Railroad switch and coal trestle	10,524 51
Repairs to steam p	5,690 60
Installing engine a	4,571 33
Laundry extension	9,104 68

At the Manhat

New colony at Cen	on building	
contracts		\$235,539 08
Pavilions at Centra		94,166 04
Building for prese	hting plant,	
Central Islip		10,848 04
Water tower at Cen		2,307 67
Detached building ad	roup, Ward's	
Island		64,640 80
Cold storage building, Ward's Island		18,004 01
Boilers and piping, Ward's Island		4,585 00
Consolidating electric plant in new power house,		
Ward's Island		2,764 80

At the Gowanda State Homeopathic Hospital:

Laundry building, kitchen, bakery, store and refrig-		
erating rooms and equipment	\$113,087 33	
Power house	5,881 60	
Plumbing, heating and electric wiring, Hospital		
wing	13,820 55	
Furniture and furnishings	10,378 35	
Three 150-horsepower Fitzgibbons boilers	11,544 00	
Main steam supply apparatus and conduits	9,558 11	
Electric light plant	7,155 00	
Water and gas wells	4,120 18	

CHAPTER 2

STANDARD OF CARE AND MAINTENANCE

One of the greatest eleemosynary problems—or, at least, one that has received universal consideration since the care of the insane has been adopted as a public policy—has been the proper standard of maintenance for the chronic insane. There have been advocates for extremes of care, some contending that the State's duty was discharged with the necessary provision for maintaining life, while others have held that any appliance that would add in any degree to the comfort or diversion of the insane should not be withheld. The Commission has tried to take an unprejudiced observation of the public pulse, and use its authority in carrying out the will of the people who bear the burden of supporting the insane. In doing so it has sought a conservative standard, and has made one great distinguishing classification of the insane, as far as care and treatment are concerned, in those patients who have become recently afflicted and are susceptible of cure.

It is frequently remarked by superficial critics of the Lunacy Department that the insane in State buildings receive far better care and surroundings than they are accustomed to at home. It seems worth while, in this connection, to set forth the standard of care which seems desirable for these wards of the State, and in considering that standard it must be borne in mind that it is the well-settled view of those who have charge of the insane in this State that both for humanitarian and economic motives it is better to cure the insane, or at least to enable them to be returned to their homes, than to economize upon their surroundings and to such a degree that their malady tends rather to increase diminish.

Standard of Care and Maintenance

When a visitor first views a State hospital he is impressed by its size, by its scrupulous cleanliness, by the orderly rows of beds, the modern plumbing, the easy chairs, flowers and pictures, and the other appurtenances of a well-ordered hospital; he sees the kitchen, and tastes the food, and leaves, satisfied that the accommodations far exceed those of private life. In one sense, they do. Absolute cleanliness, for instance, need not exist in the home, where a few people live, but is essential in a ward, where 50 or 100 careless and irresponsible persons are sleeping in adjoining beds. The plumbing facilities which would suit a family of two or three would breed disease immediately if subjected to hospital conditions. The flowers and pictures which give so cheerful an appearance to a hospital ward are insignificant in cost and are, in fact, but a poor substitute for the personal treasures of the simplest homes. It is true that the food supplied is ample and of a nourishing character and that it is better than the food often found at the homes from which our patients come, but it is believed that the food ration is fairly similar to the average food ration of the homes of our patients, and that, in any event, it is neither excessive nor of too good a quality. The aim of the Commission and of the superintendents is to maintain the patients in a state of cleanliness, to provide them with some interests and to give them a healthy diet which corresponds with some closeness to that to which they have been accustomed.

It is interesting to note that in the standards of construction the hospitals in this State correspond with great closeness to the more recent hospitals in England and Scotland. In the latter country, especially, very great care has been taken with and much thought has been expended upon the proper standard of maintenance for the insane poor, and it is a fact that although the standard of construction is substantially the same, the cost of maintenance is about 30 per cent. less than it is in this State. An analysis of the items by which this difference is gained does not lead one to feel that their system would be suitable here. The food consists, roughly speaking, of bread, butter and coffee, for breakfast; bread, butter and tea, for supper, throughout the

Standard of Care and Maintenance

year. Meat three or four times a week for dinner, and the other days, puddings, or soups, potatoes and bread. This standard of diet probably coincides with the standard of domestic diet for the poorer classes in Scotland and England, but is far below that which our laboring people are accustomed to. Another great item of saving arises from the fact that they have followed the custodial rather than the curative system to a large extent, and at all, except the most modern institutions, the patients are given no liberty from year's end to year's end, except a daily tramp within the four walls of an airing court, where they can be supervised by a few attendants. This effects a considerable saving in the number of attendants required, and an additional saving of attendants is effected by the lower rate of wages which prevails in England and Scotland. The wages of attendants there and here, of the same grade, may be contrasted as follows:

English asylums, maximum charge nurses, male.....	\$230
Scotch asylums, maximum charge nurses, male.....	180
New York asylums, maximum charge nurses, male...	396

While it is not considered desirable to wholly separate the promising from the hopeless cases, the hospitals of this State make in fact considerable difference in their treatment from an economic standpoint. This separation can be further emphasized when the hospitals shall contain special hospital buildings for the acute insane, but that cannot be expected until the overcrowding which now exists has been remedied, and until the new construction rendered necessary by the transfers from Hart's and Blackwell's islands and from Flatbush has been completed, and all the insane have permanent accommodations.

For the insane it is maintained that every available means tending to final recovery should be provided, not only for humane reasons, but as an economical policy, the State being rewarded for each dollar expended by many dollars saved in subsequent relief from custody and maintenance, by the return of the recovered patient to self-supporting life in the community. There

Standard of Care and Maintenance

can be no contention upon this point. It is proved theoretically, and is shown by practice, and in the data presented by the Commission in this and former years. In estimating the average cost of maintenance of all of the insane, it should be borne in mind that this includes the treatment of the acute class, which, in some instances, may seem excessive, and which adds largely to the whole average per capita cost. It is still the habit of superficial critics to compare the per capita cost with the former county asylum, or to keep in mind that the former was merely custodial, and that the cost of the present does not include treatment. To give a single illustration, a case of acute delirium—a form of insanity running its course in a few weeks—admitted to a State hospital, requires a very close and constant nursing, especially during the acute attack an extraordinary amount of food and clothing. A severe case will require the care of four nurses, and two for day—the most nourishing food and clothing. These cases also frequently soil and destroy clothing, and their treatment calls for unexpected expenses, difficult to estimate until the need is created. It is fair to assume that an extreme case would cost during the active stage \$25 per week, whereas the average per capita cost is \$3.50 per week. In these cases, however, the hope of recovery lies in the most careful and expert treatment in the early stage of the disease, else the patient lapses into dementia, and becomes a burden upon the State for the remainder of the insane life, which has been shown to average twelve years. It requires no expert computation to show that the curing of this patient, at whatever cost, is a great ultimate saving to the State. The Commission has, therefore, encouraged the most advanced and enlightened treatment for the curable class, and, although discountenancing needless extravagance, has not discouraged the application of every means that promised an aid to the *treatment* of the curable insane.

In the standard sought for the class who have passed the period when recovery may be anticipated, the Commission has recognized the need of caution to prevent the application of the hospi-

Standard of Care and Maintenance

tal standard to this class. It is held that humane care involves comfortable and sanitary living and clothing, reasonable attendance and medical supervision. The food problem is treated elsewhere in this report. An effort has been made to establish the most economical dietary on a physiological basis, and this it is believed will soon be crowned with success. The Commission has endeavored to avoid the hospitalizing of this class of the insane, who form the mass of those in custody. A proper standard, neither too high nor too low, has been sought to be established, and it is believed with fair success. The results, as shown by the recovery rate, and the number discharged improved sufficiently to live at home, have been achieved through a proper expenditure for treatment and care. There is sufficient precedent to show that any material reduction of these expenditures would modify these most desirable results.

CHAPTER 3

FUTURE DEVELOPMENTS OF THE DEPARTMENT

ECONOMIES

The field of economies in wages and supplies has been under constant critical examination by the superintendents and the Commission. While some further reduction can be looked for in these lines, it is not in the nature of things likely to be large, unless, as is hoped, the investigations of Prof. Atwater shall result in the determination of a different dietary scheme. The Commission believes, however, that a substantial economy can be effected in the consumption of fuel. The State hospital plants have grown to a large extent experimentally, and not in the fulfillment of a carefully studied general plan. The facilities for heating, power and lighting have been built and enlarged from time to time at the dictates of necessity. There is no branch of the department in which system, both of plan and of supervision, is so lax. The Commission has prepared a system of reports on fuel consumption, resultant ash, and boiler efficiency, for each institution, from which it hopes to derive marked economies. It is believed, also, that in many places slight changes in plants would result in a diminished use of steam, and that in other places the use of fuel economizers will result in a decreased consumption of coal. The Commission has engaged the services of an expert in these matters and proposes to make economy in fuel a leading feature in the administration of the year.

HOSPITAL FARMS

The acreage appurtenant to the State hospitals is 7,707 acres. The acreage reported by superintendents to be under cultivation is 4,088 acres. A very wide diversity exists in the practice of

Future Developments of the Department

the hospital farms, and while there are exceptions, it is clear that upon the average the farms are not managed with the science or the economy customary in modern farming. The supplies now produced for hospital consumption are very considerable, but they are capable of a very great increase. The compelling reason for farm development, however, arises from the belief that the farms can be increasingly used as an important part of the curative system of the State hospitals by employing the patients on healthy, diversified and interesting labor. It is firmly believed that the restoration of mental balance can be greatly assisted by interesting outdoor labor, and in the development of the hospital farms must lie the greatest hope for the insane of the State. While the Commission entertains no roseate views of farming for profit, it believes that by using the labor of the patients an increasingly important portion of the food supplies of the hospitals can be obtained from the farms with a very slight increase of expense. Realizing that the development of the farms is a complex matter, the Commissioners have felt that they should be assisted by expert advice and have accordingly taken steps to obtain a report on the subject from a committee of three gentlemen of conceded ability and position. It is the expectation of the Commission that this committee will prepare a general plan for the development of our farms systematically; and that they will specifically indicate the lines upon which each farm can be most successfully cultivated. It is not expected that the farms will be carried to their maximum development forthwith, but it is expected that by building them up in accordance with a matured and scientific plan no work will be wasted and each step can be fitted into a comprehensive scheme of development.

CHAPTER 4

CAPACITY OF THE STATE HOSPITALS

As set forth in chapter 8, tenth annual report, page 212, the Commission was required by the provisions of chapter 636, Laws of 1898, to determine at least once a year the capacity of each of the State hospitals, and to report the result in its annual report to the Legislature.

Up to the time of the passage of the State Care Act, there had practically been no law upon the subject. The first provision of the State Care Act, chapter 126, Laws of 1899, was a provision requiring a certification of the capacity of the State hospitals having reference to the insane then in the hospitals, and to the practice from year to year for the management of the insane in the State hospitals to make a statement of the capacity of the hospitals, and of the legislation of

1890, the Legislature believed that the Commission should have the power of determining for itself the capacity of each of the State hospitals, and to this end the necessary legislative authority was given. In the last annual report a tentative capacity only could be given, owing to the difficulty of reporting at once upon so difficult a subject. During the past year the Commission has given the matter careful consideration, having reference to air-space, ventilation, height of ceilings, and other features which are involved in "capacity," and it now declares the capacity of the State hospitals on October 1, 1899, to be 20,536. This certification the Commission believes to be entirely just. If the Commission could act regardless of the question of expenditure for construction, its tendency would be to increase the per capita allowance of space; however, the capacity given compares favorably with the average allotment of space for the insane. As previously stated, there were on September 30, 1899, 21,374 pa-

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tients in the State hospitals, or a deficiency of accommodations of 838.

In detail the capacity may be stated, as follows:

Utica	1,111	
Willard	2,277	
Hudson River	2,040	
Middletown	1,301	
Buffalo	1,873	
Binghamton	1,333	
St. Lawrence	1,442	
Rochester	480	
Long Island:		
Brooklyn Department	1,088	
Kings Park Department.....	2,509	
		3,597
Manhattan:		
Female Dept., Ward's Island.....	1,397	
Blackwell's Island Dept.....	715	
Male Dept., Ward's Island.....	1,730	
Central Islip Dept.....	930	
		4,772
Gowanda	310	
Total capacity		20,536

While much greater space than has been allotted to the patients would be desirable, and considerably enhance their comfort, it is believed that the so-called overcrowding, if any exists, does not materially affect the recovery rate. In other words, it is not unlikely that further crowding or limitation of capacity could be made without showing diminished results so far as the curative treatment of the patients is concerned. The Commission, however, wishes to expressly disclaim any attempt or desire to do in this direction more than has been done. Indeed it would not be so far had the people through their representatives

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been willing to provide a greater amount of money for the erection of new buildings. The evil of crowding is not alone confined to the State of New York—it obtains in nearly every State of the Union, and is likely to exist until more enlightened opinions shall prevail. The Commission, however, has no power in the premises. It must do what it can with the amount of money at its disposal, and the responsibility must be thrown upon the representatives of the people. As the environment and treatment of the insane continue to improve the evils attending limited accommodations have materially decreased.

In determining the capacity of the several hospitals, the Commission has had in mind not only the cubic space available for each patient, but the means in use to render this space effective and sanitary. Thus, it is evident that a comparatively small space can be kept in a sanitary condition, especially for dormitory uses, if the air is changed frequently and maintained at a proper temperature. Some hospitals have much better facilities for ventilation than others. Furthermore, the Commission is convinced that in several of the recently erected hospitals air change has been carried to excess, and is used with unnecessary prodigality. The warming of air for house use is an expensive process, and like any other item of supply, it should be used economically. It is certainly an extravagance when air is warmed and passed through a building in greater quantities than may be required by its inmates. An empirical standard that has been established in hospitals is on a half-hourly air change in a space equivalent to one thousand cubic feet per person, but even this standard has not been tested with sufficient care to establish its correctness.

CHAPTER 5

THE PATHOLOGICAL INSTITUTE

This department of the State hospital system has received more than usual consideration by the Commission during the year. Doubts of the propriety of the present scope of inquiry, criticisms of the location of the Institute and of the general character of the literature issuing from the department, expressed by physicians in the community; and the attitude of the hospital superintendents and the director tending towards a separation of the hospitals and the laboratory, have all seemed to point to the necessity for some readjustment. The organization and the motive of the Institute have received approval from pathologists and scientists generally. It has been declared that the character of the work undertaken although technically belonging to general laboratories or the laboratories of schools will not be prosecuted there and must receive the aid of public funds. The Director claims that the work receiving much of the attention of the Institute staff, which appears general and purely scientific, is preliminary and necessary to a prosecution of the more specialized brain, nerve and mind pathology; that the fundamental or normal function must be established on more solid ground, before proceeding into the present obscure field of the pathology of insanity. On the other hand it is maintained by the hospital superintendents that the Institute is the outgrowth of an attempt to unify and centralize the normal pathological work of the State hospitals, and elaborate it only to a degree needed for its perfect alliance with the clinical work of the hospitals; that the expansion of the laboratory scheme to embrace the general branches of science—histology and psychology—detracts from its specialized aims, deprives the hospitals of its aid, creates a new and disjointed department, and is not justifiable. The Commission in-

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clines to the latter belief. The principles which underlie the creation of the Institute are universally approved and there is a remarkable unanimity in the requests for its continuance. Even those who have expressed doubts and criticism of its present scheme emphasize the importance of maintaining it. It is conceded that a central laboratory for twelve hospitals will accomplish far more than twelve laboratories, or one for each hospital. The possibilities are for superficially, and perhaps its most important instruction which may be afforded the small and attached to the State hospitals. This feature, not been encouraged as it should have been, but the Institute from the hospitals has operated as one potent reason why the location of the the larger hospitals is urged.

The Commission is maintenance of the central laboratory is desirable, in some form, else much of the valuable State takes perforce is wasted and serves no universal effort to solve the great questions of cause and prevention of insanity. In the determination of the more difficult matter of organization, scope of work and the other questions presented heretofore, the Commission occupies a quasi-judicial position. In order to receive expert opinions that may safely be considered authoritative, it has called to its aid a committee of physicians and scientists, selected with a view of considering the question in its several aspects, and advising the Commission as to its most effective treatment, using the experience of the Institute thus far and bearing constantly in mind the elements of its creation. The report of this committee follows:

NEW YORK, N. Y., *February 5, 1900.*

To the State Commission in Lunacy, Albany, N. Y.:

Dear Sirs.—Pursuant to the appointment by the State Commission in Lunacy, your committee to report on the work and scope of the Pathological Institute of the New York State Hospitals met in New York city on February 3, 4 and 5, 1900.

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Your committee began its work by considering the history of the Institute as contained in the reports of the Lunacy Commission and elsewhere to the end not only that it should fully apprehend the purpose of the Legislature and the Commission in its foundation, but that it should also determine the degree to which the Institute had departed from that original and avowed purpose. It seems clear from the recommendations of the Commission in its third annual report for 1891 (p. 272), that "a special pathologist for the use of all the State hospitals" be appointed; and from that of the sixth annual report for 1893-4 (p. 58), that the State should establish and maintain "a pathological laboratory or institute, under the direction of an accredited and competent pathologist, which shall be maintained primarily for the State hospitals," and from the further suggestion in the seventh annual report for 1894-5 (p. 104), that the proposed department of the State hospital system should "provide instruction in brain pathology and other subjects for the medical officers of the State hospitals," it seems clear to your committee that the intent of the Commission was that the Institute should be the handmaid of the hospitals and subserve their needs in all matters pertaining to the scientific aspects of the work, especially in the domain of pathology and pathological anatomy in close alliance with clinical observation and research.

Your committee appreciates the fact that the Institute in the organization of its work must necessarily have been given freedom to develop it gradually, and experimentally in some respects; but while recognizing the excellent quality of much of the work that has been done, which has received high and authoritative commendation, the committee thinks that the Institute has failed to fulfil the specific purpose for which it has been established. Instead of undertaking the problems of mental pathology, in conjunction with the several hospitals, it has widened the scope of its operations on the basis of the federation of the medical and biological sciences under the leadership of psychology. It has given too great prominence, in thus occupying the debatable ground of speculation, to the deduction of theories rather than

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to the study of the facts of science, on the principle that the work of the psychologist can explain living phenomena better than the pathological anatomist, provided the psychologist has the general knowledge of the medical sciences. Your committee approves academically of the correlation of the sciences, but believes that the attempt thus to correlate them is a departure from the function of the Pathological Institute.

It is the opinion of [redacted] that the failure, from the point of view of the [redacted] has been due to too great diffusion of effort, which from the beginning should have been to establish [redacted] between the clinical and pathological aspects of [redacted] In short, the function of the Pathological Institute [redacted] is not the correlation of sciences, but rather [redacted] the clinical needs of the physician with science [redacted] These needs can leave out of consideration the [redacted] New York to make adequate provision for ins. [redacted] best order for those who are called upon to min [redacted] e, her dependent wards. As the State in its wisd [redacted] olly under its charge the care of the insane, their treatment and the use of clinical opportunities, these latter should be utilized in training to the fullest possible extent. The data of the hospitals is the material upon which the Institute should do its work. It seems to your committee that it cannot be too strongly insisted upon that the teaching function of the Institute must ever be its warrant for existence and a generous State support. Research work upon the problems of insanity would naturally follow the carrying out of proper methods of instruction and cannot be successfully pursued without it.

The present Institute, your committee believes, has taught methods, not matter. If as a laboratory it had given the physicians in the service the opportunity to obtain accurate knowledge of the nervous system, the necessity for expansion would have been felt more and more in the direction of the clinical study of insanity. Such facilities could be better afforded in a central laboratory that should be in a closer contact with a State hos-

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pital than is possible in its present location; they should include short systematic courses of instruction to small classes of officers from the medical service, detailed in turn for this purpose from time to time, with the subsequent guidance of their work in the hospitals. Such an arrangement would permit an appropriate coordination of the clinical with the various other problems, pathological, psychological, physiological, chemical, etc., that present themselves for solution, and thus furnish the natural stimulus to scientific work and promote the steady growth of a professional spirit. It is believed that, under competent guidance, such a laboratory, if it were connected with a small hospital to provide a sufficient variety of cases of insanity, would become a school of clinical psychiatry that would ultimately fulfil the great purpose that the Legislature and the Commission had in view in establishing the present Institute. Your committee would therefore summarize its conclusion as follows:

1. The Pathological Institute should be maintained, but reorganized on a basis that shall have systematic teaching as its main function.

2. It should teach the fundamental principles whose study and application must lead to the clinical, anatomical and chemical research necessary for advancement in the curative and preventive treatment of insanity.

3. It should have as its director a physician who has had a training in clinical psychiatry, besides being a competent pathologist.

4. It should be located on property of the State, in a building of its own, as near the metropolitan medical schools as is practicable.

5. As an essential of its teaching function its building should adjoin, or be a part of, a small hospital for the insane for the reception of acute cases and others appropriate for investigation.

6. Entrance into the medical service of the State hospitals shall be conditioned upon previous training in the Pathological Institute.

Respectfully submitted,

EDWARD COWLES,
WM. T. COUNCILMAN,
G. ALDER BLUMER.

FOURTH ANNUAL REPORT OF THE DIRECTOR OF
THE PATHOLOGICAL INSTITUTE*To the State Commission in Lunacy:*

Gentlemen.—In our second annual report of 1898 we stated the theoretical aspect of the Pathological Institute. Since that time the Institute has worked ceaselessly and with more or less success on the lines sketched in the previous report. Since the time of the foundation of the Institute, a vast amount of material has been accumulated by the director and many scientific generalizations of the greatest importance have been worked out. Some are in process of preparation, but the greatest part is in process of preparation. It is one point on which the Institute specially insists, the solidity of the published work done under its direction, the spirit of hurrying work, a spirit that may be said to be the evil spirit of hurry, but under whose dominion our present work is as much as possible to evade. The Institute tries as much as possible to evade the evil spirit of hurry, the cause of many an unproductive and useless work, has brought on us censure from many quarters, and even from men belonging to our own system, people who ought to know better, who ought to know that it is not mere quantity that is requisite, but quality, and who ought, also, to remember the popular saying suggested by the wisdom of ages, that haste makes waste.

As a matter of fact, even our opponents agree that the work coming from the Pathological Institute is of importance and of scientific value. We may point with pride to the fact that each paper contributed by the Institute to *The Archives** is not an article written in a few days, so that he who runs may read, but constitutes a work the result of many months and even of many years of hard work and deep reflection. This may sound to one like boasting, but that it is a statement of fact is sufficient for

*Archives of Neurology and Psychopathology (formerly the State Hospital Bulletin) the official organ of publication of the Institute and State Hospitals. After two volumes of the State Hospitals Bulletin had appeared it was found advisable to change the title to the Archives, which is now entering the third yearly volume.

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one to convince himself by reading the pages of our journal of which, as we said, we have just cause to be proud. For short as is the period of the Institute's existence, it has already earned some reputation in this country and abroad. One thing we must say, that we try all in our power to make our work conform to the good, scientific standard, and but little is known to the outside world how much toil and work the director contributes to the contributions appearing in *The Archives*. An investigation is often worked and reworked over and over again before it is permitted to leave the hands of the editor. Naturally enough such a course of action brings about delay in the appearance of the journal, a delay that causes much impatience in those who do not know our motives and have no suspicion of the amount of labor and thought we devote to the various papers appearing in *Archives*. But we are decided to undergo the blame of censure, and have the mortification of seeing intelligent people losing patience with us, rather than in making haste and hurrying in the race of life to bring forth imperfect production of little value and no merit simply to indulge this onerous pressure of machine-like haste. The *Archives* is the organ of the State Hospitals and the Pathological Institute, and we are glad that until now at least the State Hospitals have followed the same policy of not making haste. We sincerely hope that they will not commit the unfortunate error of departing from it. We must also add that outside people begin to realize our actual motive and purpose and come to understand that deliberation and a good allowance of time for it are the only factors favorable to good work.

Although the Institute looks to quality only, still we may also point out, not without an emotion of pride, that an immense amount of work has been accumulated in the Institute, so that much of it must be deferred for quite a time to come before it will be found to have it appear in press, and other works must be put aside for the present.

It is customary for directors of scientific institutions to give an account of the investigations that have already appeared, and of the works that are now in preparation, we subjoin a list of these works:

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Papers of a General Character on the Scope and Methods of the
Pathological Institute of the New York State Hospitals.

By Carlos F. MacDonald, M. D., President of the first Commission in Lunacy (State of New York).

I.

The modern aspect of scientific investigation of Insanity and the development of the Pathological Institute of the New York State Hospitals for the Insane.

Eighth Annual Report of the State Commission in Lunacy.

By Ira Van Gieson, M. D., Director of the Institute.

II.

A brief résumé of the relations of the Scientific investigations of the Insane to public medicine as presented in the first Annual Report of the Pathological Institute of the New York State Hospitals.

Eighth Annual Report of the State Commission in Lunacy.

III.

Third Annual Report of the Pathological Institute of the State Commission in Lunacy.

Tenth Annual Report of the State Commission in Lunacy.

IV.

The correlation of Sciences in the investigation of mental and nervous diseases.

PART I.

Psychiatry, its growth and methods.

Chapter

I. The history of psychiatry.

II. The psychopathic hospital.

III. The asylum and science.

IV. The psychiatric investigation.

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PART II.

- Chapter V. Normal psychology and psychopathology.
VI. Normal histology of the nervous system.
VII. Comparative neurology.
VIII. Department of cellular biology.
IX. Pathological anatomy, bacteriology and physiological chemistry.
X. Pathological physiology.
XI. The investigation of blood in insanity.
XII. Anthropology.
XIII. The unclassified residuum.
XIV. The future of psychiatry.

PART III.

- Chapter XV. Facts and theories in medical science.
XVI. The patho-anatomist and the clinician.
XVII. The pathological institute and psychiatry.
XVIII. Medicine and psychiatry.
Archives of Neurol. and Psychopathology, vol. 1, Nos. 1-2.

V.

Retrospect of the work of the Pathological Institute of the New York State Hospitals.

(In preparation.)

Researches and Publications from the Department of Psychology and Psychopathology.

By Boris Sidis, Ph.D., Associate in Psychology and Psychopathology.

I.

The Psychology of Suggestion.

(D. Appleton & Co.)

Introduction by Prof. William James.

Introduction by the Author.

The Pathological Institute**PART I.****Suggestibility.**

- Chapter I. Suggestions and suggestibility.
 II. The classification of suggestions and suggestibility.
 III. The evidence of normal suggestibility.
 IV. The conditions of normal suggestibility.
 V. The law of normal suggestibility.
 VI. The conditions of abnormal suggestibility.
 VII. The nature of abnormal suggestibility.
 VIII. The law of abnormal suggestibility.
 IX. Suggestibility and the waking consciousness.

PART II.**The Self.**

- Chapter X. The secondary self.
 XI. The subconscious self and unconscious cerebration.
 XII. The double self.
 XIII. The interrelation of the two selves.
 XIV. Subconscious sense perception in the waking state.
 XV. The subconscious self and hallucinations.
 XVII. The intercommunication of the two selves.
 XVIII. The subconscious self in the waking state.
 XIX. The problem of personality.
 XX. The elements and stages of subconsciousness.
 XXI. The physiology and pathology of subconsciousness.
 XXII. The case of the Rev. Thomas Carson Hanna.
 XXIII. Forms of subconscious states and types of amnesia.
 XXIV. The character of the subconscious self.
 XXV. Subconscious and insanity.
 XXVI. The traits of the subconscious self.

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PART III.

Society.

Chapter XXVII. Social suggestibility.

XXVIII. Society and epidemics.

XXIX. Stampedes.

XXX. Mediaeval mental epidemics.

XXXI. Demonophobia.

XXXII. Financial crazes.

XXXIII. American mental epidemics.

Appendix.

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Department Psychology and Psychopathology.

II.

Discussion in regard to psychology of suggestion.

(With Professor W. R. Newbold.)

(Reprinted from Science, June and August, 1898.)

III.

Neuron Energy and its psycho-motor manifestations.

(With Dr. Van Gieson).

Archives Neurology and Psychopathology, Vol. 1, No. 1, 1898.

IV.

The Nature and Principles of Psychology.

(American Journal of Insanity, 1898.)

V.

*The Principles of Psychology and Psychopathology.**

VOLUME I. PART 1.

Chapter I. Psychology and the medical profession.

II. Psychology as a science.

III. Physical and psychic facts.

IV. The temporal aspect of psychosis.

V. The definition of psychosis.

* Vols. I and II complete and ready for publication; plates and tracings of Vol. II in proof.

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- Chapter VI. Psychic states as objects.
 VII. Objective thought.
 VIII. Biosis and the definition of psychosis.
 IX. The sources of psychology.
 X. The internal sources.
 XI. The external sources.
 XII. Psychology and psychopathology.
 XIII. The synopsis.

PART II.

- Chapter I. The soul hypothesis.
 II. The materialistic and faculty hypothesis.
 III. The transmission hypothesis.
 IV. The metaphysical hypotheses of parallelism.
 V. The inductive basis of the positive psychological hypothesis.
 VI. The deductive basis of the positive psychological hypothesis.
 VII. Biosis and psychosis.
 VIII. Activity and psychosis.
 IX. The unitary experience of voluntarism.
 X. The reality of idealistic sensationalism.
 XI. The postulates of psychology.
 XII. Mental synthesis.

PART III.

- Chapter I. The theory of moment-content.
 II. The theory of moment-consciousness.
 III. The constituents of the moment.
 IV. The character of psychic compounds.
 V. The moment and the percept.
 VI. The nature of illusions and hallucinations,
 from the standpoint of the moment's structure and its psychiatric aspect.
 VII. The growth and function of the moment.
 VIII. The relation of the moment to the environment.

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- IX. The moment's assimilative process in normal states.
- X. The moment's power of assimilation in abnormal states.
- XI. Reproduction and the reflex moment consciousness.
- XII. The desultory moment consciousness.
- XIII. The desultory moment in pathological manifestations.
- XIV. The synthetic moment and its form of reproduction.
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- XVI. The accumulative character of the synthetic moment.
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- XVIII. The nature of reproduction in the lower types of moments.
- XIX. Reproduction in degenerated moments.
- XX. Presentations and representations.
- XXI. Representations and the laws of their combination.
- XXII. Representation and recognition.
- XXIII. The nature of familiarity in relation to retro-active hallucinations and subconscious states.
- XXIV. The recognitive moment.
- XXV. The type of reproduction of the recognitive moment.
- XXVI. The synthetic recognitive moment.
- XXVII. The synthetic moment of self-consciousness.
- XXVIII. Relative synthesis.
- XXIX. The analogy.

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PART IV.

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- I. Types of moments.
- II. The organization of moments.
- III. The moment as an aggregate.
- IV. The growth of moment-aggregates.
- V. The doctrine of psychic-minimum.
- VI. The hierarchy of moments and the intensity of consciousness.
- VII. The reverse procession of moments.
- VIII. The reverse procession of objectification.
- IX. The law of reverse procession.
- X. The cyclical movement of the moment-aggregate.
- XI. The absolute moment-threshold and the hierarchy of moments.
- XII. The modification of moments in the organized moment-aggregate.
- XIII. Pathological moment-aggregates.
- XIV. The doctrine of the moment-threshold.
- XV. The moment-threshold in pathological states and its psychiatric aspect.
- XVI. Disaggregation of moments.
- XVII. The phenomena of dissociation.
- XVIII. An analysis of cases of amnesia from the standpoint of the theory of moment-consciousness.
- XIX. The neurological aspect of aggregation and disaggregation of moments.
- XX. The neuron theory.
- XXI. The retraction theory.
- XXII. The retraction theory from a biological, psychological and psychopathological point of view.
- XXIII. The main cycles of neuron-energy and their psychomotor manifestations.
- XXIV. The laws of psychophysiological degeneration and regeneration.

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XXVI. The summary.

Appendix.

A brief outline of a history-examination from the standpoints of psychopathology and clinical psychiatry.

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Experimental Studies in the Psychopathology of Amnesia.

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The Hanna Case.

- Chapter I. The accident and complete amnesia.
- II. Restoration.
- III. Introspective account in the amnesia state.
- IV. Patient's biography.
- V. Psychophysical examination.
- VI. Tests of the subconscious.
- VII. Hypnoidal states.
- VIII. Hypnoidic states.
- IX. Methods of synthetizing dissociated states and the formation double consciousness.
- X. The final synthesis.
- XI. The patient's introspective account of his pathological states after complete recovery.

PART II

An Analysis of Cases of Double Consciousness.

- I. A classification of cases of double consciousness.
- II. Monocyclical bimorphosis.
- III. Polycyclical bimorphosis of the special type.
- IV. Polycyclical polymorphosis.
- V. Polycyclical bimorphosis of the general type.
- VI. The hypnoleptic state and the course and law of double consciousness.

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PART III

The M. V. case.

The P. case.

PART IV

An Experimental Study of the Phenomena of Psychopathic and
Neuropathic Dissociation.

The D. F. case.

The R. J. case.

The B. S. case.

PART V

AN EXPERIMENTAL STUDY IN PSYCHOPATHIC OR PSYCHIC EPILEPSY.

Chapter I. The M. F. case.

II. An analysis of cases of psychic-epilepsy.

VI

Researches into the nature of hallucinations, with practical sug-
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VII

Researches into the nature of epilepsy from the standpoint of
neuron-energy.

VIII

Observations on baby-life.

IX

Psychological and psychopathological methods.

Department of Psychology and Psychopathology.

By Dr. William White, Binghamton State Hospital.

X

Psychopathological studies in a case of Amnesia.

Archives of Neurology and Psychopathology, Vol. 1, No. 4.

XI

The retraction theory from a psychical standpoint.¹

1. Completed and ready for publication, May, 1899. Read at American Medico-Psychological Ass'n Annual Meeting, May, 1899. Arranged for publication in Archives of Neurology and Psychopathology, Vol. III.

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XII

By Ira Van Gieson, M. D., Director of the Institute.

**On the necessity of psychological training in medical education.
(In preparation.)**

**Researches and Publications from the Department of Pathology and
Pathological Anatomy**

By Bronislaw Onuf, M. D., Associate in Pathology and Pathological Anatomy.

I

Tentative explanation of some of the phenomena of inhibition on a histo-physiological basis, including a hypothesis concerning the function of the pyramidal tracts.

State Hosp. Bull. Vol. V, 2, p. 145, 1897.

II

**Report of an unusual case of lead paralysis with autopsy.
Jour. of Nerv. and Ment. Dis., Vol. XXVII, p. 155, 1900.**

III

**Angio neurotic oedema and allied conditions.
Report of seven cases. Med. Rec., Vol. LVI, p. 183, 1899.**

IV

**Ueber pseudo Spastische Parese mit tremor nach trauma.
Neur. Cent., Vol. XVI, p. 338, 1897.**

V

**Ophthalmoplegic migraine.
Jour. of Nerv. and Ment. Dis., Vol. XXVII, p. 215, 1900.**

VI

On the arrangement and function of the cell groups in the sacral region of the human spinal cord.¹

1. In press, *Archives of Neurology and Psychopathology*, Vol. III.

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Med. Rec., Vol. LVI, p. 142, 1899.

Introduction.

Chapter I. Gross morphology of the gray matter of the sacral cord.

II. The cell groups of the sacral portion of the spinal cord.

III. Remarks on the cell grouping.

IV. Location of the primary centers for the bladder and rectum.

V. On the localization of the vegetative functions in the sacral cord.

VI. Suggestions regarding the function of the group.

By Bronislaw Onuf, M. D., Associate in Pathology and Pathological Anatomy (with Joseph Collins, M. D.).

VIII

Researches on the sympathetic nervous system with a critical review of its anatomy and physiology.¹

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IV. Influence upon secretions.

V. Vascular influence.

VI. Influence of the heart.

VII. Influence on respiration.

VIII. Influence upon involuntary and automatic movements.

IX. Trophic functions.

1. In press. Read at American Neurological Society, 1898. Abstract published in *Transactions Amer. Neurolog. Society Jour. of Nerv. and Ment. Dis.* v. 25, p. 661, 1898.

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- Chapter** X. Tonic functions.
 XI. Reflex action of sympathetic ganglia.
 XII. Dependency of sympathetic on central nervous system.
 XIII. Histology of sympathetic nervous system.

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Researches on the localization of sympathetic in the cord.

- Chapter** XIV. Literature and plan of research.
 XV. Extirpation of the lumbar sympathetic ganglia.
 XVI. Extirpation of the thoracic cord and splanchnic nerve.
 XVII. (Continued) Extirpation of the thoracic cord and splanchnic nerve.
 XVIII. Extirpation of the stellate ganglia.
 XIX. Concluding remarks on the localization of the sympathetic in the spinal cord.

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Localization of the sympathetic in the brain.

- XX. General remarks on the structure of the medulla in the Col.
 XXI. Changes in the medulla after extirpation of the stellate ganglion.
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The pathology of the sympathetic.

- XXIII. The sympathetic in functional and organic diseases.

By Bronislaw Onuf, M. D., associate in pathology and pathological anatomy (with Joseph Frankel, M. D.)

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IX

Observations on the pathology of congenital wrist and foot drop.¹

- Chapter
- I. Summary of literature.
 - II. Clinical history and autopsy.
 - III. Microscopical examination of the central nervous system.
 - IV. Discussion and interpretation of the case.

By Bronislaw Onuf, M. D., associate in pathology and pathological anatomy (with Joseph Frankel, M. D.)

X

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- I. Diagnostic value of reading.
 - II. Diagnostic value of writing, sign language and internal language.
 - III. Plan of our investigations.
 - IV. Analysis of 103 autopsies.
 - V. Classification and registration of lesions.

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- VI. Lesions of Broca's area.
- VII. Lesions of Broca's area with other cortical lesions except insula.
- VIII. Lesions in cortical regions other than Broca's center and insula.
- IX. Lesions in the insula.
- X. Lesions of the insula and other cortical regions.

1. Chapters I, II and III completed.

2. This work is nearly ready for publication. A preliminary communication has already appeared under the title of *Corticale und sub corticale motor ische aphasie und deren Verhältnisse zur Dysarthrie*. Read at American Neurological Society Deut. Zeit. f. nervenheilk, v. 15, p. 312, 1899. Abstract published in Transactions Amer. Neurological Society, 1899.

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PART III

Purely subcortical lesions.

- Chapter** XI. Lesions situated in the coupe frontale.
 XII. Lesions situated in the coupe parietale.
 XIII. Lesions in the coupe pediculo parietale.

PART IV

Combined cortical and subcortical lesions.

- XIV. Broca's area.
XV. Other areas than Broca's center or the insula.
XVI. Insula lesions.

PART IV

Author's researches and cases.

- XVII. A case of dysarthria.
XVIII. Clinical history.
XIX. Examination of the brain.
XX. Reconstruction of the frontal and horizontal sections.
XXI. A case of cortical motor aphasia.
XXII. Clinical history.
XXIII. Autopsy.
XXIV. Examination of the brain.
XXV. Probable case of cortical motor aphasia.
XXVI. Typical case of subcortical motor aphasia.
XXVII. Case of probable cortical motor aphasia, amnesic type without motor paralysis.
XXVIII. Case of cortical motor amnesic aphasia with dysarthria.
XXIX. Similar case.
XXX. Case of congenital speech defect.
XXXI. Discussion of the personal observations.

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PART V.

Discussion of the relations of aphasia and dysarthria.

Chapter XXXII. The rôle of Broca's center.

XXXIII. The connections with the articulo-motor center.

XXXIV. The differential diagnosis of cortical and sub-cortical motor aphasia.

XXXV. The medico-legal aspects of motor aphasia.

By Ward A. Holden, M. D.

XI

Pathological report on the eyes of Dr. Hirsch's patient with amaurotic family idiocy.

Jour. of nerv. and ment. dis., V. 25, p. 550, 1898.

XII

The pathology of experimental quinine amblyopia.

Read in abstract before Am. Ophthalm. Society, July, 1898.

Archives of Ophthalmology, V. 27, No. 6, 1898.

XIII

The pathology of the amblyopia following profuse hæmorrhage and of that following the ingestion of methyl alcohol with remarks on the pathogenesis of optic nerve atrophy in general.

Archives of Ophthalmology, V. 28, 1899.

XIV

A case of excess distortion of the optic chiasm in acromegalia.

Archives of Neurol. & Psychopathology, Vol. 1, No. 4, 1899.

XV

The sequence of changes in the optic chiasm produced by acromegalia as exemplified in three cases.

Archives of Neurolog. and Psychop. Vol II, Nos. 3 and 4.

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XVI.

The fluttering produced by the juxtaposition of certain colors and of black and white.

Arch. of Ophthalm. V. 27, 1898.

XVIa.

Clinical and microscopic report of a non-perforating serpent ulcer of the cornea caused by the pneumococcus.

Arch. of Ophthalm, V. 27, 1898.

By Harlow Brooks, M. D., Associate in Bacteriology.

XVII.

A case of acromegalia with autopsy.

N. Y. Med. Jour. V. 65, p. 418, 1897.

XVIII.

Acromegalia.

Introduction.

- Chapter
- I. History.
 - II. Case II.
 - III. Case III.
 - IV. Historical Review.
 - V. Etiology.
 - VI. Physical signs.
 - VII. Pathological Anatomy.
 - VIII. Pathological Anatomy (continued).
 - IX. General Considerations of the pathogenesis of Acromegalia.
 - X. The Pathogenesis of Acromegalia.
 - XI. The Pathogenesis of Acromegalia (continued).
 - XII. Diagnosis.
 - XIII. The prognosis and treatment.
 - XIV. Review of current literature.

Archives of Neurol. and Psychopathology, Vol. 1, No. 4.

XIX

A contribution of the pathology of caisson disease.
(In preparation).

By Mr. Richard Weil and Mr. Robert Frank.

An examination of the evidence for neuron retraction as furnished by methods of the Golgi type,¹ 30 pp. V plates.

Chapter I. Historical.

II. Experiments and methods.

III. Results.

IV. Conclusions.

V. Protocols.

By Mr. Richard Weil and Mr. Robert Frank.

An anomaly in the internal course of the Trochlear nerve.²

By Joseph Collins, M. D.

On the Pathological Anatomy and Pathology of acute Myelitis.³

By Henderson B. Deady, M. D., Chief Associate in Pathology and Pathological Anatomy.

Method of recording anatomical data and the results of special observations and research in laboratories, colleges and hospitals by the application of the Card Catalogue System.⁴

By Ira Van Gieson, M. D., Director of the Institute.

Observations on the normal and Pathological cytology of the nervous system of Blatta⁵ (with Mr. Ralfe Floyd.)

1. Completed and ready for publication. Abstract read before New York Path. Society, Nov. 13, 1899, and published in *Archives of Neurol. and Psychop.*, Vol. II, Nos. 3 and 4.

2. Conjoint paper between the biological department of Columbia University and the Pathological Institute of the New York State Hospitals.

3. Completed and ready for publication.

4. Read at the N. Y. Pathological Society, April 13, 1898.

5. Results of experiments with various fixing agents and pathological stimuli worked out—drawings of normal material completed in Fall of 1897.

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- Section** I. The action of various fixatives on the neuron cell bodies of *Blatta*.
 II. Topographical distribution of the cells of the thoracic ganglia.
 III. Study of the neuron cell bodies of *Blatta* in the living condition.
 IV. Description of the cytologic structure of the normal neuron cell bodies and axioms.
 V. Study of toxic lesions of the neuron cell bodies.

Introduction to Dr. Graf's paper on "The Individuality of the Cell" (vide publications from Dept. Biology).

State Hosp. Bulletin, V. 2, p. 169, 1897.

Introduction to Mr. Weil and Mr. Frank's paper on the evidence for the theory of neuron retraction as furnished by the Golgi type of methods at the New York Pathological Society, November 13, 1900 (Vide supra).

Formation and excretion of the human metaplasma granules. *Jour. of nerv. and ment. dis.* V. 26, p. 112, 1899. Read before the Amer. Neurological Society, 24th Annual Meeting, May, 1898.

The death of the Neuron. *Med. Record*, V. 57, p. 656, 1900. Presented to N. Y. Pathological Society, February 14, 1900.

The Toxic basis of Neural disease¹ (in preparation).

PART II

- Section** I. Remarks on the relation of the auto-intoxications to Neural Disease.
 II. On the Correlation of the Nervous System with other parts of the body in the study of Neuro-pathology.
 III. On the significance and interpretation of the General Fundamental Pathological Processes of Degeneration, Regeneration, Necrosis and Inflammation.
 IV. Acute parenchymatous degeneration of the Nervous System.

1. First draft completed in July, 1896. Plates already printed for issue in State Hospitals Bulletin.

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- Section V. The Relation of Acute Parenchymatous Degeneration of the Nervous System to Regeneration or Necrosis of the Neurons. Discussion of the question of recovery and restitution in function and structure, or destruction of the same in the Ganglion cell after acute Parenchymatous degeneration.
- VI. Preliminary observations on a case of acute alcoholism as an example of acute parenchymatous degeneration of the nervous system.
- VII. Acute exudative inflammation of the nervous system.
- VIII. On the secondary effects and results of acute exudative inflammation of the nervous system.
- IX. On the occurrence of acute bacterial poisoning of the nervous system apparently independently of general somatic disease. The differential equation of toxic diseases. The distribution and selective action of toxic substances in the nervous system.
- X. Acute parenchymatous degeneration and acute exudative inflammation of the spinal cord.
- XI. The action of acute or subacute auto-intoxication and extrinsic poisons on the nervous system.
- XII. The acute lesions of the pia mater—the function or relations of the pia mater to the central nervous axis in the general somatic toxic diseases.
- XIII. Chronic parenchymatous degeneration of the nervous system and its secondary effects.
- XIV. On tabes dorsalis and its relations to chronic parenchymatous degeneration of the nervous system.
- XV. Cytothesis in neural therapeutics.

On meningitis in the new born.¹

1. Conjoint work between the department of Pathology, Columbia College, (Prof. Dr. Prudden, Director) and the Pathological Institute of the New York State Hospitals. Section of two cases studied in Fall of 1892 and Spring of 1893.

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On Hemato-myelopore. Second preliminary communication.
Read before the Pathological Society, February 24, 1897. Medical Record, 52, p. 279, 1897.

The Pathological Process in Amaurotic Family Idiocy.¹

On Hemato-myelopore.² (In preparation.)

The physiological and morphological basis of neuron retraction.³

Suggestions on the pathological process in epilepsy.⁴

The threshold of neuron energy. (In preparation.)

Contribution to the cytology of the cones of the human retina—the calyx conus.⁵

Is there any morphological concomitants of rest and fatigue of the retina?⁶ (In preparation.)

Epilepsy and expert testimony (with Dr. Boris Sidis). State Hosp. Bulletin, vol. 2, p. 189, 1897.

A partial explanation of neuron cytolysis—a hypothesis of fibre death in the nervous system.⁷ (In preparation.)

Verification of the theory of neuron cytolysis—

By Mr. Valentine.

(a) Primary spastic paraplegia.⁸

By Drs. Steinach and Warren.

(b) Combined sclerosis.⁹

By Dr. Carlin Phillips.

(c) Pernicious anaemia.¹⁰

1. Reconsideration of the case examined microscopically for Dr. Sachs published in Jour. of Nervous and mental diseases, 1896.

2. Conjoint work from the department of Pathology, Columbia College, (Prof. Dr. Prudden, Director) and the Pathological Institute of the N. Y. State Hospitals.

3. Preliminary communication presented at the American Medico-Psychological Asso., Annual Meeting, 1899.

4. First draft completed, pp. 50.

5. Completed since July 1896. Plates printed 1896.

6. Experimental work on dogs and examination of sections completed in fall of 1895 with Dr. Holden and Mr. Strauss.

7. The theory of neuron cytolysis has already been worked out. The verification of the theory involves a very extensive consideration of anatomical and physiological data in many organic diseases of the nervous system. This has been in progress during the past eighteen months, and will probably require a year or two for the completion of the work. Our plan is to try to present the theory with its verification in the several themes undertaken by Mr. Valentine, Drs. Steinach, Warren, Lichstein and Phillips, under our direction. The whole work has been badly interrupted, especially during the past year, by struggling against the demand to divert the energies of the Institute in other than scientific channels.

8. Examination of a case is completed.

9. Examination of a case nearly completed.

10. Examination of two cases nearly completed.

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By Dr. Lichstein.

(d) General paresis of the insane.¹

By Dr. Ira Van Gieson.

(e) Tabes dorsalis.²

By Dr. Ira Van Gieson.

(f) Peripheral neuritis.³

By Dr. Carlin Phillips.

(g) Progressive muscular atrophy. (In preparation.)

By Dr. Joseph Clark.

An inquiry into the morphological changes in the neuron cell body accompanying experimental variations in the food supply.⁴

By Dr. Carlin Phillips.

The nature of necrotic foci in the spinal cord occurring in the course of pernicious anaemia. (In preparation.)
(Footnote No. 4, page 21, also applies to this article.)

By Dr. Unger.

Report of a case of tumor of the fifth nerve, with degeneration of the special root of the trigeminus.⁵

Auxiliary and Miscellaneous Papers from the Department of Pathology and Pathological Anatomy

By Harlow Brooks, M. D., Associate in Bacteriology.

Minor observations in Pathological Anatomy. (First series.)

1. Malformation of the heart.⁶

New York Medical Record, vol. 53, p. 134, 1898.

1. Partial examination of two cases.

2. Partial examination of three cases.

3. Partial examination of five cases.

4. The completion of these two works, as well as others under the guidance of the director, has also been badly handicapped by the contention that the aim of the Institute should be principally "practical work," and by the sentence of a "committee" that the Institute should be the "handmaid" of the asylum and perform the duties accessory to the extension of the clinical work of the asylum rather than scientific researches of the phenomena of abnormal mental life and their physiological concomitants.

5. Conjoint work between the laboratory of the Montefiore Home of New York city and the Pathological Institute of the New York State hospitals.

6. Read before the New York Pathological Society December 22, 1897.

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2. Two cases of abcess of the liver.¹
New York Medical Record, vol. 53, p. 278, 1898.
 3. Primary carcinoma of the kidney.²
New York Medical Record, vol. 53, p. 353, 1898.
 4. Aneurism of the ascending arch of the aorta.³
New York Medical Record, vol. 53, p. 747, 1898.
 5. Report of a case of primary sarcoma of the heart.
New York Medical Journal, vol. 67, p. 210, 1898.
(In Dr. Alexander Lambert's paper.)
 6. Case of primary multiple sarcoma of the stomach following
gunshot wound.
Medical News, vol. 72, p. 617, 1898.
 7. Case of Hodgkink disease terminating with Leucocytosis.⁴
New York Medical Record, vol. 54, p. 874, 1898.
- Minor observations in Pathological Anatomy. (Second series.)
1. A case of thrombus of the heart extending into the Aorta
giving rise to the physical signs of aneurism of the trans-
verse arch of a case of appendicitis due to the presence of
a pin in the vermiform appendix.⁵
Medical Record, vol. 55, p. 297, 1899.
 2. Case of asexualism.⁶
Medical Record, vol. 56, p. 221, 1899.
 3. Report on a remarkable case of fibroma molluscum.⁷
Medical Record, vol. 56, p. 247, 1899.
 4. Three cases of duodenal ulcer with a short discussion on the
condition.⁸
Medical Record, vol. 56, p. 943, 1899.
 5. Case of congenital renal malposition with anomalous arterial
supply.
Medical Record, vol. 57, p. 385, 1900.

¹ before the New York Pathological Society January 12, 1898.² before the New York Pathological Society January 26, 1898.³ before the New York Pathological Society April 13, 1898.⁴ before the New York Pathological Society November 9, 1898.⁵ before the New York Pathological Society January 11, 1899.⁶ before the New York Pathological Society May 10, 1899.⁷ before the New York Pathological Society May 10, 1899.⁸ before the New York Pathological Society November 8, 1899.

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By Carlin Phillips, M. D.

A case of Addison's disease with simple atrophy of the adrenals.¹

Journal of Exp. Med., vol. 4, p. 581, 1899.

By Ward A. Holden, M. D.

Clinical and pathological report of a non-perforating seppent ulcer of the cornea caused by the pneumococcus.

Arch. of Ophthal

By Ira Van Gie

Observations on

r of the Institute.

ppendicitis.²

Thus far we may say that the most essential function of the Institute has been to satisfy our curiosity and we may even add, to our satisfaction. For three years, which constitute the existence, a period hardly sufficient for the formation of an organization of an institute for psychiatric and scientific work. One of the most productive of valuable scientific work. One thing is strictly in view, namely, that all the work should and should gradually converge in the direction of one focus, the science of psychiatry. In this direction to one focus we are sorry to find the same spirit of impatience. Where preliminary investigations are requisite as steps for further research into the obscure region of abnormal mental phenomena, some people are impatient and ask for direct entrance into these regions without regarding the fact that no one can put a sure foot on such slippery ground without the danger of falling unless first provided with a solidly paved way, and it is precisely the work and object of the institute to provide such a more or less solidly built highway. To conquer new ground in unknown regions one has to provide himself with appliances and make moves which may seem somewhat remote if not irrelevant, but which turn out to be of the utmost consequence. Although the Institute is in possession of interesting practical outcomes, still since this is not its proper function, but the work of

1. Read before the New York Pathological Society February 8, 1899.

2. Read before the Association of American Physicians, Washington, May 5, 1903.

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the hospital practitioners, it mainly presses in the direction of theoretical and experimental work, aiming to build the foundation on which a future science of psychiatry may finally rest. The main function of the Institute is the investigation of the principles and laws of abnormal mental life: its principal object is the study of the mechanism of insanity. And in this direction, as it can be seen from the work published and from the titles of those in preparation, it may be said of the Institute that it has properly and conscientiously confined its activities within the limits of its primary function.

A word must be said to those who misconceive this important primary function of the Institute and consider that its work is mainly practical, consisting in the application of the principles and laws of psychiatry to the practical conditions of hospital life. Now we must insist here most emphatically that such principles and laws are not yet worked out in psychiatry. Mental pathology is still in the stage where classification reigns supreme. Each text-book makes a change in the classification of mental maladies and each innovation consists in nothing else than a creation of new classes, or a rearrangement and shuffling of old ones. That psychiatry should still continue in a low imperfect state, should still be in its infancy, is by no means strange—in fact, this is perfectly natural. The history of development of science teaches us that the more complex a science is the later does it arrive at its scientific stage, working with perfect scientific methods. Every psychiatrist who has the interest of the growth of his science at heart will candidly admit it and will strive with all his power to help further advance whenever and by whatever methods it is made. For the only way by which a science can be built up and make progress is by finding and acknowledging its shortcomings. This is the only way of progress in all other sciences. They who do not want to see the true position of psychiatry among her sister sciences, and find fault with and even attack, both by word and deed, all those who are discontented with the present status of psychiatry, and who attempt to make further progress, should

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certainly not be counted among the sincere friends of psychiatry. The professors who were clinging to Aristotelian physics, and considered it as good, and even perfect, were not friends, but enemies, to science. It was Giordano Bruno and Galileo who saw and pointed out the shortcomings of the Aristotelian physical sciences and who brought about further advance and really had the interests of science at heart, though they were crushed by "committees" of cardinals, priests, and other ecclesiastics whose opinion they dared to cross. If now we admit that the principles and laws of abnormal psychology are not yet in the prospective, it becomes clear that it is a mistake to expect, as a consequence, if only from a practical standpoint, that the work on many lines with the ultimate view of the heart of psychiatry in order to discover the biological mental phenomena. To handle a problem one must understand its mechanism; to treat a disease, one must know its nature. It is then a sad and absurd, economy, to take care of the insane and the time that we have no business with pure "psychopathology." In our age there is not such a thing as "pure abstract science." Pure theoretical science is acknowledged to be the very spirit of practical life. It is clear, then, that the Institute in conscientiously following up its main function, namely, the the investigating of the nature of insanity, does by it an essential service to the PRACTICAL problems of psychiatry.

The second and subordinate function of the Institute in the extension of its scientific work among the State hospitals. This, too, was carried out by the Institute with great zeal, only here the obstacles and difficulties met with were often insurmountable, and the scientific work started had frequently to be abandoned. Here, too, we find some people who attempt to put the blame on the Institute for not bringing out scientific work from every hospital. We must affirm most emphatically and positively that whenever conditions permitted, scientific work has been established and work has been brought out, as the facts that are given in this report will clearly demonstrate. The fault does not lie with the

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Institute, but with the hospitals. Under the burden of administrative work and legal responsibilities scientific enthusiasm and devotion to speculative activity gradually wither and die. Routine deadens originality.

Wherever and whenever it was possible the Institute tried its best to establish centers for lines of original research work and once more it is not the fault of the Institute if the scientific activity started gradually died away and was substituted by administrative work. Hospital men have come to us to be started in the methods of scientific research and we have taken great pains to do all we could for them. We have even gone to the extent of instructing them in things which they ought to have acquired in medical colleges and we have expected that our labors will be rewarded by the scientific activity that will be awakened in the hospitals as centers of research and with the help and cooperation of them a healthy movement of scientific research in psychiatry will be soon under way. Our hopes in this line were not realized. The men as soon as they returned to the hospitals were arrested in their activity and returned to their previous methods of work. Only here and there the flame of science handed over to the hospital men is seen dimly flickering; soon, however, to follow the general fate of being extinguished by inclement conditions of hospital service. The Institute has done all in its power to establish centers of research in the different hospitals—what more could it do? For three long years the Institute has been struggling with adverse circumstances, having one practical aim in view—to extend its scientific work among the hospitals; and for all its efforts and pains it has received only censure from the very men in whose interests it has assiduously and arduously labored.

The Institute, from the very nature of its organization and foundation, is not doing university work; it is not an educational institution, but a laboratory for research work in the domain of psychiatry; and still it often had to lay aside its function, give up

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its main problems and waste valuable time in instruction of elementary knowledge in the hopes that something will sprout out of such seed. But our hopes have been so frequently shattered that it has made us despair of further efforts and attempts.

NOTE.—The Commission held the report for about two months awaiting the remainder of the MS. from the Director of the Institute, and until the State printer declined to hold the forms longer. It is sincerely to be regretted that the report cannot be completed, and, if possible, the Commission will add a supplement containing its completion.

CHAPTER 6

THE ORGANIZATION OF THE MANHATTAN AND LONG ISLAND STATE HOSPITALS

With the exception of the two hospitals, the Manhattan and Long Island State Hospitals, which were transferred to the State, under the provisions of the State Care Act, and which completed, finally, the care and maintenance of all the dependent insane by the State, the organization of the several State hospitals is uniform. Notwithstanding the differences in environment, size and construction, a uniformity in official organization has been found not only feasible, but has added greatly to the convenience of applying those principles organic to the great basic law, the "State Care Act," and to its amendments and the subsequent laws relating to it.

When the Long Island State Hospital was created from the Kings County Asylums, the organization then existing in the municipal institutions was disturbed in the least possible degree, and although differing from the other State hospitals, it was enacted into law; thus providing for a general superintendent as the chief executive officer, with the duties and powers conferred upon superintendents of other State hospitals. This officer has the supervision of two departments, Brooklyn and King's Park, separated about 40 miles, and a resident executive officer named a "medical superintendent under a general superintendent" performs the duties of superintendents of other State hospitals for each department under the direction of the general superintendent.

When chapter 2 of the Laws of 1896, transferring the New York Asylums to the State, was being formulated, the organization existing under municipal law was substantially retained and transferred to State law. Not only were the positions undisturbed,

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 but officials holding office at that time were legislated into the State service, and were relieved from any of the provisions of the Civil Service laws. The care of the insane for New York city at that time—nearly three years ago—was deplorably lacking in the means for providing humane care and proper supervision, especially in the matter of construction. There were 1,800 insane on Hart's Island, largely provided for in shanties and rough pavilions formerly built for Confederate prisoners and given over to the insane without improvement. There were approximately 1,000 insane on Blackwell's Island, where they were approximately housed and deprived of proper care. Ward's Island held 1,000 insane, and was the largest aggregation of the insane in the city. It was the official residence of the insane, and the headquarters of the institution. The farm buildings were composed of poorly constructed huts for about 1,000 patients, comprising about one-third of the insane of New York city, and were conferred by the State upon the city. The property used in the care of the insane was transferred to the city by the State Care Act, and transferred to the city for the purpose of their care to the guard.

It was, perhaps, a wise provision of law that no arbitrary disturbance of the official machinery should ensue upon the transfer, especially until those changes in the care and treatment of the insane were effected, which should bring its grade up to the level or near the grade established in the other and older State hospitals, as proper and beneficent. Hence, as in the case of the Long Island State Hospital, there was a general superintendent having the supervision of the several departments, and in each department a medical superintendent under the direction of the general superintendent. There is also a steward, who is the purchasing officer of the hospital, having the same duties and powers given to the stewards in other State hospitals, and he is assisted by "assistant stewards" in the several departments. The changes made in the transfers of the Manhattan and Long Island State Hospitals required exceptions to the classification of officers formerly established, and these exceptions are the only ones existing at the present time. In the mean time, Hart's Island, as pro-

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vided for in the law of transfer, has been vacated by the State, and the insane have been removed, as elsewhere reported. Blackwell's Island will also be relinquished within the course of a few months, and as soon as accommodations are completed at Central Islip—now in course of construction. This will leave three distinct, well-defined and completed organized institutions, uniform in all respects with other State hospitals, except that the three institutions are united in a general administration under one board of managers and under the general supervision of a general superintendent.

The necessity for maintaining a general administration for the two above-named hospitals has ceased to exist with the changes that have been made as the result of "State care." It was at once found requisite to divide up both Manhattan and Long Island State hospitals into several units of organization; hence, Manhattan now has three distinct administrative departments, and Long Island two, which are as thoroughly separate in their administrative work as any two hospitals in the State. Taking the organization of any one of the departments, there is a medical superintendent with a staff graded in precisely the same order, and under the same grading as a State hospital elsewhere. The estimates as provided by law, for all expenditures for maintenance, repairs, construction or any extraordinary purpose, are separately made for each department and purchases are correspondingly made. Hence, accounts are maintained independently for the several departments. There is no co-operation between the departments other than that existing by joint action between all the State hospitals. Each department is in itself a large institution, worthy of a distinct organization, and it was inevitable that the interests of the several departments of these hospitals should grow into independent units, as they have now practically become. Taking Manhattan State Hospital, the female department, Ward's has 2,400 patients; the male department, 1,966 patients; Central Islip department (45 miles distant), 1,074 patients. Long Island State Hospital, the King's Park department patients, and the Brooklyn department, 1,161 patients.

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Each of these departments is sufficiently large to deserve an independent organization, with a chief executive officer in control, as in the case with other State institutions.

The Commission recommends to the Legislature such amendment of the laws relating to the insane as to create two hospitals from the Manhattan State Hospital, and two hospitals from the Long Island State Hospital, with an organization for each uniform with the other, and the consequent abolition of the "general administration" of the two State hospitals named. In the belief that two desirable results will follow this amendment, a great economy in the matter of expenditure for maintenance, and, second, an improvement in the service both in the management and the care and treatment of patients. The two hospitals created from the Manhattan State Hospital, and the two created from the Long Island State Hospital, should continue to be governed by the present boards of managers, and should further be provided that the buildings now occupied by them should not be relinquished by the State to the several counties, but that they should in the amended law have

a definite term of existence as a domiciliary provision for the insane.

The Commission proposes the foregoing changes in organization, with a belief that they would tend towards a reduction in maintenance charges, and improve the local service. The cost of the "general administration," which accrues to the present organizations, would be largely diminished. It would improve disciplinary methods by bringing the chief executive officer in closer relations with patients and employees.

The change proposed for Manhattan would create a hospital for Ward's Island and one for Central Islip. With the completion and occupation of the new colony at Central Islip, these institutions would have approximately 3,000 patients each. If they remain under the same board of managers, the adjustment of relations hitherto existing, such as the transfer of patients from Ward's Island to Central Islip, and the use of vegetables and fruit raised on the latter farm, by the former hospital, would be simple and no more complicated than exchange of commodities and manu-

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factured articles in other State hospitals. The four superintendents now in the organization (one "general" and three "medical") would be reduced to two superintendents graded as elsewhere in the State. The resident medical staff can be adjusted to meet the requirements of the hospital. No complications are possible under the uniform plan now so firmly established in the schedule of the State hospital system.

There is no well-founded reason why an exception should be made in the case of two State hospitals out of eleven, in the classification of its officers. It has been established by experience that a uniform classification of officers and employes in the State hospitals has resulted in improved service as well as an average longer term of service, and has removed all implied censure for discrimination which formerly existed when each State institution was a law unto itself. It has heretofore been stated why an exception was made in the case of Manhattan and Long Island State hospitals, but these reasons, although sufficiently potent at the time, exist no longer. Hence, as a matter of decided reform the Commission asks that the laws relating to the insane may be so amended as to require the organization of the above-named hospitals upon a uniform basis with all others in this department.

(Commissioner Wise concurs in the foregoing report and recommendations with the exception of that relating to the division of the Manhattan State Hospital into two distinct organizations, viz., the Central Islip and Ward's Island departments, and recommends instead that the division shall create three distinct organizations, to be created by Central Islip, the female and male departments upon Ward's Island. It is urged that Ward's Island cannot feasibly be divided, as the territory occupied by the two departments is relatively small; that transportation facilities reunited measures; that co-operation of industrial and domestic requirements is necessary and economical, and that supplies furnished equally well for both departments under one administration. Admitting that these objections have been made, in view of the greater benefits accruing from distinct

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organizations, they are overshadowed. As a matter of fact, the two departments are now as separate and distinct in their organization, apart from the general administration towering over both, and in their operations as any proposed change can make them. They are the receiving hospitals for New York city. Their interests and objects are as separate as the sexes. No co-operation is required greater than that entailed upon all institutions in the State system. It is difficult for the female department to do the work for the male department, at a fixed cost rate, as it is for the St. Lawrence hospital to manufacture all the butter for the United States, at a fixed cost rate for labor and material. It can be arranged upon the same basis, and only co-operative functions now existing between the two departments worthy of consideration. Each department is separately organized and equipped as a distinct institution. Each department makes a definite and separate estimate for its expenditures and obtains as distinct accounts for expenditures as the State. It seems wholly impracticable to merge these two departments into one hospital. Either department receives a greater ratio of patients than any other hospital in the State, and the requirements for the observation of a superintendent and the administrative skill of a superior executive officer are as great in each department as in any other of the organizations now in this department of the State government. It cannot be too strongly urged, furthermore, that the superintendent of each department, or hospital, should be the chief executive officer, endowed with the same powers and burdened with the same duties, as apply to other superintendents. As for the business department, it is not admitted that any great advantage will be gained by uniting the work of both departments; for under the present system of joint contracts, all the State hospitals are substantially considered together, and the advantages which accrue in uniting the interests of all the institutions are applicable to each, whatever the division may be.

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Moreover, the one steward now employed is aided by an assistant steward in each department, and their separation would involve no more labor than is now required. Briefly, the insane which are now and which will be for many years maintained on Ward's Island are too many for one organization, in view of the fact that it is the receiving station for an enormous district, and that a large proportion of them are recent cases requiring hospital care. Commissioner Wise, therefore, recommends that Manhattan State Hospital be reorganized so as to provide for three distinct hospitals, but in all other particulars concurs in the foregoing report.)

CHAPTER 7

BI-MONTHLY CONFERENCES

These conferences were evidently intended to be devoted to the consideration of administrative matters and to effect a unity of action on the part of the various departments in methods of administration, the selection of personnel, and in accomplishing the purposes for which the hospital was established, and in securing the best results in the purchase of supplies. The medical service and questions relating to the medical department, although not outside the scope of these conferences, were considered more appropriate for the medical members of the Commission to discuss at his several visits to the State hospitals.

The conference included representatives of the Commission, the medical and general superintendents of the State hospitals, and each board of managers. The medical service do, however, enter into the proceedings at times, as the minutes of these conferences will show.

The results of these bi-monthly conferences have subserved the interests of the State in the matter of economical purchases and the use of supplies and improved administration. The proceedings show perhaps more in detail what efforts have been made, not only by the Commission, but by the superintendents in improving the condition of the hospitals than could be shown in any other manner, and the Commission deems them of sufficient interest to report them, although all extraneous and surplus matters are omitted. In other words, the reports of these conferences are carefully edited so as to somewhat reduce the amount of printed matter. Reference may always be had to the original stenographic reports, which are on file in the office of the Commission.

The consensus of opinions of a majority of the superintendents is a sufficient basis upon which to found a conclusion upon almost

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any subject connected with the administration of the hospitals. The proceedings give an amount of detailed information that may be of interest to the Legislature and to the public relative to the internal affairs of the hospitals, and about which there is sometimes a considerable misapprehension.

**STATE HOSPITALS—DECEMBER AND JANUARY ESTIMATES—
1898-1899**

Abstract of minutes and resolutions adopted at a meeting of the representatives of State hospitals and the Commission, held November 30, 1898, under the provisions of chapter 545, Laws 1896:

Present—Commissioners Wise, Brown and Parkhurst; Utica State Hospital, G. Alder Blumer, M. D., medical superintendent; Willard State Hospital, Wm. L. Russell, M. D., first assistant physician; Hudson River State Hospital, L. P. Gillespie, steward; Middletown State Homeopathic Hospital, Selden H. Talcott, M.D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, O. M. Dewing, M. D., general superintendent; Manhattan State Hospital, Percy Bryant, M. D., medical superintendent, male department; Collins State Homeopathic Hospital, D. H. Arthur, M. D., medical superintendent; Stewards Gilbert and Cole were also present.

Commissioner Wise, chairman.

Dr. Hurd, from the committee on uniform rules, submitted the following draft of a proposed set of rules.

GENERAL POWERS AND DUTIES OF SUPERINTENDENT

superintendent of each hospital shall be its chief executive and in his absence or sickness, the first assistant physician or other officer designated by the superintendent, shall perform the duties and be subject to the responsibilities of the

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superintendent. Subject to the by-laws and regulations established by the board of managers, the superintendent shall have the general superintendence of the buildings, grounds and farm, together with their furniture, fixtures and stock, and the direction and control of all persons therein, and shall:

1. Personally maintain an effective supervision and inspection of all parts of the hospital and generally direct the care and treatment of the patients. The superintendent shall personally examine the patient, within five days after his admission to the hospital, and shall regularly visit all of the wards or apartments at such times as the rules and regulations shall prescribe.

2. Appoint such resident and such employees as may be proper and necessary for the economical and efficient management of the business of the hospital, and prescribe the duties of such resident officers and employees. The superintendent may remove any of such resident officers and employees shall be approved by the Commission. The superintendent may remove any resident officer for cause stated in writing, after an opportunity to be heard, and such action of the superintendent shall be final. Upon any such removal he shall make a record thereof, with the reasons therefor, under the appropriate head, in one of the books of the hospital. The superintendent, assistant physicians, including the woman physician, steward and matron, shall constantly reside in the hospital or on the premises, and shall be designated the resident officers of the hospital. The assistant physicians, including the woman physician, shall be graduates of an incorporated medical college, and shall possess such other qualifications as may be required by law.

3. Transmit by mail to the Commission in Lunacy, within five days after any such discharge, information of such discharge and cause thereof. The Commission shall preserve the name of such officer or employee, with the facts relating to his discharge, in a book provided for that purpose.

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4. Appoint such number of special policemen as may be determined, whose duty it shall be, under the orders of the superintendent, to arrest and return to the hospital insane persons who may escape therefrom, and to preserve peace and good order in such hospital, and to fully protect the grounds, buildings and patients. Such policemen shall possess all the powers of peace officers on the grounds and premises of such hospital and to the extent of one hundred yards beyond such grounds. The appointment of special policemen, in pursuance thereof, shall not be deemed to supersede, on the grounds and premises of such hospital, the authority of peace officers of the jurisdiction within which such hospital is located.

5. Give such orders and instructions as he may deem best calculated to insure good conduct, fidelity and economy in every department of labor and expense.

6. Maintain salutary discipline among all who are employed in the institution, and enforce strict compliance with his instructions and uniform obedience to all rules and regulations of the hospital.

7. Establish and supervise a training school for nurses and attendants, under rules and regulations of the hospital.

8. Cause full and fair accounts and records of all his doings, and of the entire business and operations of the hospital, to be kept regularly, from day to day, in books provided for that purpose.

9. See that all such accounts and records are fully made up to the last day of September in each year, and that the principal facts and results, with his report thereon, be presented to the managers within thirty days thereafter, who shall incorporate it in their report to the Commission.

10. Keep a book in which he shall cause to be entered at the time of reception of any patient, his name, residence and occupation, and the date of such reception, by whom brought and by what authority and on whose petition committed, and an abstract of all orders, warrants, requests, petitions, certificates and other papers accompanying such person.

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11. The provisions of section 2, relating to residence of officers, may be modified, when necessary, in accordance with the law.

ASSISTANT PHYSICIANS

1. The assistant physicians shall be medical graduates of thorough education, experience and good standing, and shall constantly reside in the hospital. They shall act as the immediate medical attendants upon the patients in the several departments respectively assigned them by the superintendent.

2. They shall attend to the prescription of medicines, and see that they are properly administered. Whenever it shall be necessary to administer food or medicine coercively it shall be their duty to superintend and aid in administering the same.

They shall visit the wards in the morning and at evening of each day, and carefully note the condition and treatment of patients, and in cases of severe illness, they shall visit the wards as much oftener as may be necessary.

They shall look after the diet, the service of food, the bathing of patients, the cleanliness, warmth and ventilation of the wards, and report to the superintendent any defects or irregularities in the same.

3. They shall see that all the directions of the superintendent in relation to the care and treatment of the patients are faithfully and promptly executed, and shall forthwith report to the superintendent any cases of misconduct, neglect or abuse which fall under their notice or with which they may be made acquainted. They shall aid in devising amusement and employment for patients, and use their best endeavor to promote their comfort and hasten their recovery.

4. They shall, under the direction of the superintendent, aid in keeping the record, preparing statistics, conducting correspondence, attending to visitors, and shall perform such other duties as shall be assigned them by the superintendent.

5. These rules shall also apply to medical internes.

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STEWARD

General Powers and Duties of the Steward.—The steward, under the direction of the superintendent, shall be accountable for the careful keeping and economical use of all furniture, stores and other articles provided for the hospital, and under the direction of the superintendent shall:

1. Make all purchases for the hospital and preserve the original bills, and make receipts thereof, and keep full and accurate accounts of the same.

2. Prepare and keep the pay-rolls of the hospital.

3. Keep the accounts for the support of patients and expenses incurred in their behalf, and furnish the treasurer statements thereof, as they fall due.

4. Notify the treasurer of the death or discharge of any reimbursing or pay patient within five days after such death or discharge.

5. He shall, under the direction of the superintendent, have direction of the farm, grounds, stock, farm employees, ward kitchens, etc., and shall prepare, or have prepared under his direction, all of the estimates.

6. He shall endeavor to secure faithful discharge of duty on the part of all employees, and report any dereliction from duty to the superintendent.

MATRON

1. The matron, under the general direction of the superintendent, shall have charge of the domestic concerns of the hospital, frequently inspecting every department and superintending the orderly arrangement of the whole household, and assist in securing faithfulness in the discharge of duty by all persons engaged subordinate trusts.

- shall have the more immediate charge of the women and shall visit the wards occupied by them daily, and at the hours of rising, retiring and bathing of patients.

- that they are kindly treated and that their food is fed and distributed, and that their apartments are

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clean, warm and properly ventilated; that their clothing and beds are clean, well dried and in good order, and that their apparel is marked, carefully preserved and accounted for when patients are discharged.

3. She shall see that all bed, table and other linen of the household is properly marked, carefully preserved and used, and shall render to the superintendent an annual statement of the articles made and repaired by her and employees.

4. She shall frequently visit the laundry and kitchens, and see that the food is properly prepared and served. She shall also perform such other duties as may be assigned her by the superintendent.

1. The nurses and attendants of the hospital are subject to the authority and direction of the supervisors in charge thereof, who must be recognized as the agents of the superintendent and medical officers, carrying out their instructions and the established rules of the hospital. Their relations and bearing towards nurses and attendants must be independent, uniformly just and impartial, free from all needless severity and harshness, but also free from favoritism or any disposition to overlook or excuse any departure from right conduct.

2. Supervisors, under the direction of the physicians, have the assignment and selection of patients for occupation. New patients must not be employed until the attending physician has passed upon its propriety, and no patient must be allowed to do work, either in quantity or kind, which will injure or overtax him or her. But it is due to the State that every patient who is a partaker of its bounty shall, in the interest of his health, make such return therefor as may promote or be consistent with his physical and mental welfare. No violent or suicidal patient may have any work or implements with which he or she might do mischief.

3. It is also the duty of supervisors to make the necessary arrangements for patients' attendance at entertainments, chapel

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services or other gathering, and they must secure as full attendance as possible on all occasions.

4. Supervisors must see that new attendants are properly instructed in their duties, and are made fully acquainted with the rules.

5. The supervisor shall act as a medium of communication between the medical officers and the wards, carrying requests from the nurses and attendants, and directions to the wards, making full reports about the conduct of patients and nurses, carrying out faithfully the orders of the superintendent or the medical officers.

6. They shall visit the wards under their charge soon after going on duty in the morning, ascertaining the condition of patients and the wards, and making a written report as to the condition of patients and nurses and attendants under their charge to the assistant physician at the hour designated. They shall make such inspection of the food service, dining-room service, clothing, bathing, recreation, etc., as the superintendent or his representative may direct, and shall report any misconduct on the part of employees, any sudden or dangerous changes among the patients, any repairs necessary, at once, to the superintendent or other medical officer.

They shall have the welfare of the institution at heart, and shall constantly strive in every way, in matters which are not mentioned in detail, to see that the patients are well and properly cared for, and that the discipline of the institution is at all times maintained.

NURSES AND ATTENDANTS

1. The first object of all nurses and attendants must be the care of the patients, and the whole future life of many a patient may depend on the manner in which nurses and attendants perform their duty. They should therefore receive instruction in the performance of their duties attentively and carefully heed it.

They shall treat patients with respect and kindness, and avoid rudeness and violence of every kind. It shall be

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the duty of any nurse, attendant or employee to report to the superintendent any violation of this provision. Should it become necessary to use force to protect or restrain violent patients, great care should be exercised, and sufficient assistance obtained by any nurse or attendant to provide against endangering or injuring the patient, and it shall be the duty of any nurses, attendants or employees to render such assistance.

3. They should never expose a patient's delusions or other peculiarities the subject of ridicule.

4. Mechanical restraint shall not be applied to a patient without the written permission of a medical officer.

5. Seclusion shall be resorted to in any instance, only with the authority of a medical officer, and in great emergencies, and should then be immediately reported in writing.

6. As many attendants as the superintendent may direct must be present with the patients in the ward, and in no circumstances may one absent until properly relieved.

7. Nurses and attendants are expected to set a good example to their patients, in language, conduct and dress. They shall encourage their patients to amuse themselves by reading or playing the games provided, but they must not take part in these games themselves, except for the above purpose.

8. Nurses and attendants will be held responsible for the cleanliness of the respective wards; but they are permitted and expected to obtain the assistance of patients in every way consistent with their comfort and health. The employment of patients shall not be compulsory, but the benefit of such occupation is rather to be procured for them by kindness and encouragement. No patient is to be placed at employment until the permission of the assistant physician in charge of the ward is obtained.

9. Patients on their arrival in any ward, whether coming from other wards or when first admitted, must always receive special care and attention.

10. New patients are not to be employed, or taken to entertainments or chapel, until a medical officer has passed upon their

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fitness therefor. Suicidal patients are to be kept upon the ward under observation, and not permitted to retire alone to their rooms and close their doors.

11. Nurses and attendants must rise promptly at the time designated, and prepare the patients for breakfast.

12. The highest standard of housekeeping and hygiene shall be maintained.

13. Whenever a physician enters the ward all the nurses and attendants shall rise and the senior nurse present shall accompany him through the ward, and be prepared to give all necessary information concerning the patients in his or her charge.

14. The service of nurses and attendants shall be continuous during the hours designated for duty. Nurses and attendants must not be absent from their places of employment without permission.

15. Patients' clothing shall be adapted to the season, and all underclothing shall be changed once weekly at least, and oftener if necessary.

16. Patients must be constantly maintained as regards person and clothing in a clean and orderly condition.

17. Each patient must be properly bathed at least twice a week, and oftener if necessary, unless otherwise ordered by the physician.

18. Male patients who do not wear full beards should be shaved at least once a week, and oftener if necessary, and beard, moustaches and hair neatly trimmed.

19. The supervisors and nurses will see that the food is served properly, neatly and warm, and that no patient is ever deprived of food at the usual hour for meals. When patients are unable to go to the dining-room, the charge nurse must see that their food is properly served.

Patients shall not be put to bed before the time designated by the superintendent. Nurses and attendants when on active duty shall not sit in their rooms. When the patients in any ward have retired all unnecessary lights are to be turned off.

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21. All suicidal or dangerous patients, and those likely to escape, must be under constant supervision.

22. Complaint or appearance of sickness or injury is to be reported at once to the proper officer.

23. When nurses and attendants accompany employed patients they shall assist and direct them.

24. Nurses and attendants shall accompany patients to religious services and on other occasions which they shall consider themselves bound to attend.

25. When nurses or attendants are absent from their duties, there shall be a deduction from their wages for lost time.

26. Nurses and attendants shall not receive visitors on the ward, without permission.

27. Nurses and attendants shall receive visitors with civility and politeness, but will not engage in conversation upon the condition or prospects of the patients. Visitors must be referred to the physicians for advice in such subjects. Nurses and attendants are not to visit or hold correspondence with friends of the patients.

Letters regarding patients received by them must be referred to the medical superintendent.

28. Nurses and attendants are forbidden to wear or use articles of clothing, etc., belonging to the hospital or to patients not given to them, under the rules for such wear or use.

29. On leaving the premises, nurses and attendants will deposit their keys where directed, and call for them in person on their return. The keys of a nurse or attendant shall never be surrendered to another person.

30. In the event of fire, nurses and attendants shall be guided by the special rules governing such emergency.

31. All employees residing in the hospital buildings must be in their rooms at the designated hour, unless permission is obtained to be longer absent.

32. Every member of the training school must attend the lec-

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tures of the training school, unless for some special reason excused by the medical superintendent.

33. Every employee, without a single exception, must at all times when on duty wear the prescribed uniform.

NIGHT NURSES AND ATTENDANTS

1. Night nurses and attendants shall enter upon and leave their duties at the hours designated by the superintendent. They shall endeavor, during their hours of duty, to minister to the wants of the patients quietly and without disturbance. They shall exercise special watch over those who are very feeble or suicidal, keeping watch and knowing the condition of all the patients under their care at all times, and make a written report in the morning. They shall provide themselves with and wear noiseless shoes or slippers.

2. They shall maintain a careful watch at all times of the ward, being solicitous as regards injury to patients, by themselves or by others, sudden illness or wants, and must conduct themselves in a quiet manner, allowing no slamming of doors, loud talking, etc.

3. In case of serious illness, report must be made at once to the proper medical officer, as well as in case of unusual excitement or disturbance.

4. In case of an accident or violence arising sufficient help must be called to care for the patient without injury or roughness.

EMPLOYEES

1. No employee shall leave the hospital premises without permission from the proper officer; nor shall he or she be absent beyond the stated time for which permission has been granted.

2. Intoxication or bringing intoxicating liquors upon the premises shall be considered sufficient cause for dismissal from the service of the hospital.

No male employee shall enter or carry the keys to those parts of the hospital occupied by women, except by permission of the superintendent.

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4. Employees shall not escort their friends or other visitors about the building or admit them into the wards without permission. Neither shall visitors to those employed in the kitchens, bakery, laundry, or sewing-room, workshops or other departments, be allowed to loiter or sit about those places.

5. It is expressly forbidden to furnish any patient with any intoxicating drink, or deliver to or receive from a patient any letter, parcel or package without the knowledge and consent of a medical officer.

6. Employees taking leave of absence will be held strictly responsible for their conduct during their absence, and to their respective wards and patients will be subject to the same rules as governing nurses and attendants.

7. Patients shall not be allowed to leave the hospital without the consent of the medical officer in charge, or other officer representing him; and no employee shall be allowed to trade or bargain with the patients.

8. Sunday shall be observed as a day of rest, and no visitors shall be admitted on that day, except by permission of the superintendent.

9. Smoking shall not be permitted within doors anywhere, except at such times and places as may be designated for that purpose.

10. All employees must be ready to perform, temporarily or on holidays, any extra or unusual duty that may be assigned them.

11. Becoming conduct and appearance, absolute cleanliness and order are to be expected at all times.

12. Employees shall exercise care and prudence in the treatment of property belonging to the hospital, and will be held responsible for property entrusted to their care.

13. Cooking shall be done only in the kitchen, and washing only in the laundry, except by special permission of the superintendent.

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APOTHECARY

1. The apothecary shall keep the dispensary and laboratory in perfect order. He shall issue medicines or other articles, only upon the written prescription of a medical officer, which shall be carefully filed. He shall manufacture all such preparations as can be more economically prepared in the dispensary. He shall exercise extreme caution with regard to all poisonous preparations, and see that all such have a cautionary label attached, and that the person to whom they are delivered be informed of their nature. In any case where an apparently dangerous or poisonous dose is prescribed, he shall not put up or give out the same until after he has called the attention of a physician to the matter, and received further instructions. No bottles or cups shall be given out without printed or legible labels, giving the name of the patient and, if necessary, the dose.

2. He shall see that all property belonging to the dispensary is promptly returned thereto.

3. He shall not absent himself from the dispensary while on duty, without permission, unless necessarily employed elsewhere by direction of the medical officers.

CLOTHING CLERKS

1. Where clothing clerks are employed they shall receive all clothing of the patients, mark and enter a correct list of it in records provided for the purpose, together with any money, jewelry, or other articles of value, which latter shall be deposited, properly labeled, in the steward's office. When patients are to be removed they shall cause them to be properly prepared, the clothing to be neatly packed, and any articles of value brought with the patient shall be returned. They shall then balance the list of the patient removed, by marking opposite each item in the clothing record whether returned, or if not, stating the name of it.

MECHANICS

Painters, carpenters and all skilled workmen, including gardeners, shall perform such service in their sev-

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eral departments as shall be required, under the direction of the superintendent. They shall exercise care and economy in the use of all materials entrusted to their keeping, and exact faithful service and sobriety on the part of their subordinates.

COOKS

1. Cooks shall constantly exercise economy in the use of supplies and see that order everywhere prevail. Care must always be taken that food is properly cooked, according to the prescribed directions, and that the wards hot and in the most appetizing manner.

1. The storekeeper shall keep in a book an accurate account of the general stores. He shall keep by weight, count or measure a record of supplies received. He shall not deliver any article without a written order from the superintendent representing him. He shall file and preserve all orders, make requisitions upon the steward for supplies needed from month to month, and keep the store rooms cleanly and in perfect order.

ELECTRICIAN

1. The electrician shall be responsible for the good working order of all electrical apparatus and perform such duties as may be assigned him by the superintendent, or his authorized representative.

The rules were taken up and considered section by section, amendments being made and agreed to by the conference, Dr. Russell, of the Willard State Hospital, voting in the negative.

The chairman suggested that the printing of the rules be deferred until the return of Dr. Macy, superintendent of the Willard State Hospital. He was to understand, however, that the rules themselves could not be revised.

On motion of Dr. Talcott, a vote of thanks was given to the

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committee for the ability with which they had performed their labors.

Dr. Dewing stated in behalf of his steward, Mr. Wheeler, that the committee appointed to fix upon uniform values for farm and garden productions was not quite ready to report.

Dr. Mabon submitted the following report of the committee on crockery and glassware:

The committee on crockery and glassware held a meeting at the Rochester State Hospital on November 26, 1898, and received the following propositions for glassware:

	J. M. Shaw & Co.	W. H. Glenn & Co.	W. R. Far- rington	A. B. Stockholm
Water bottles.....	\$2 47	\$2 45	\$2 73	\$2 91
Oil bottles, 6 oz., ground stop- per	1 15	87	1 40	1 49
Cracker jar	2 47	2 45	4 11	4 40
Molasses can, 15021.....	1 93	1 91	1 95	2 09
Salt shaker	27	27	31	33
Pepper shaker	27	27	31	33
Celery	1 10	1 09	1 39	1 49
Spoonholder	45	44	67	71
Tumbler, 1065.....	30	30	31	33
Medicine glass.....	27	27	31	33
Molasses can, 15022.....	1 10	.....	.....	.....
Oil bottles, unground stopper.	88	.....	.....	.....

	Kniffin & Tooker	Geo. W. Davis & Co.	Van Duzer & Smith	John Wana- maker & Co
Water bottles.....	\$2 50	\$2 62½	\$2 30	\$2 47
Oil bottles, 6 oz., ground stop- per	1 00	1 21	82	1 37
Cracker jar.....	2 50	2 62½	2 30	2 47
Molasses can, 15021.....	2 00	2 10	1 80	1 92
Salt shaker.....	29	30	25	27
shaker.....	29	30	25	27
.....	1 15	1 15½	1 03	1 10
lder	45	48	41	44
, 1065.....	33	31½	29	30
glass.....	29	30	25	28
can, 15022.....	1 25	1 03
unground stopper.	95

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On comparing these proposals, it was found that Van Duzer & Smith, of Middletown, New York, had given the most favorable prices. They were, therefore, awarded the contract. The glassware bid on was the manufacture of the United States Glass Company, of Pittsburgh, Pa. All of these articles were No. 15021, except the molasses can, which was No. 15022, the tumbler, No. 1065, and the medicine glass, No. 2024, the same standard adopted last year.

In considering the matter of crockery, the committee only received one bid for from the manufacturer. This was from the company, Beaver Falls, Pa. We also had submitted semi-vitreous porcelain. Upon inquiry from a house, we were told that practically the same as stone-china, and that there was a grade higher. Therefore, as the same porcelain did not conform to the specifications, it was not considered, and the award was made to the company, of Beaver Falls, Pa., at the following price, subject to the approval of the conference. The tendents with the State Commission in Lunenburg, and quality are the same as last year, with the exception of the chips and sauce dishes, which are heavier, and do not have the rolled edge, but a thicker edge and taper toward the center.

Plates, 7 inches, flat.....	\$ 60 per doz.
Plates, 5 inches, flat.....	44 "
Soup bowls, 36's.....	64 "
Dishes, 11 inches.....	1 92 "
Dishes, 14 inches.....	3 36 "
Dishes, 16 inches.....	5 28 "
Jugs, 36's.....	80 "
Jugs, 24's.....	1 12 "
Jugs, 6's.....	2 88 "
Individual butters.....	16 "
Covered butter bottoms.....	1 74 "
Covered butter covers.....	86 "
Fruit saucers, 4 inches.....	24 "
Teacups, unhandled	37½ "
Tea saucers.....	37½ "
Chambers, 9's, uncovered and unhandled.....	2 50 "
Soap slabs.....	46 "
Sauce boats.....	1 28 "
Nappies, 9 inches.....	1 92 "
Mustards, covered and unhandled.....	70 "
Ewers, 12's.....	2 50 "

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Basins, 12's.....	\$2 50 per doz.
Sugars, unhandled and covered.....	1 75 "
No. 1 and 2 casks.....	1 75 each.
No. 3 casks.....	1 50 "
No. 4 casks.....	1 25 "
No. 5 casks.....	1 10 "
No. 6 casks.....	90 "
No. 7 casks.....	75 "
Barrels	35 "

Very respectfully submitted,

(Signed)

WILLIAM MABON,
W. S. REMINGTON,
H. J. LEONARD.

Dated Rochester, N. Y., November 26, 1898.

On motion of Dr. Talcott, the report was adopted.

Dr. Blumer read to the conference the following communication from Dr. W. A. Macy in the matter of uniform envelopes, and stated that this letter might be properly considered as a report of the committee consisting of Dr. Macy and himself:

STATE OF NEW YORK—WILLARD STATE HOSPITAL,

November 14, 1898

DR. G. ALDER BLUMER, *Medical Superintendent, etc., Utica State Hospital, Utica, N. Y.:*

Dear Doctor—Replying to your letter of November 7th, regarding the matter of the sample envelopes, I would state that I have since looked over the minutes of the conference in which this matter was last taken up, and find that our duty was merely to refer a set of these envelopes to each of the superintendents for their examination and suggestions. This being the case, it does not seem to me that any further report would be necessary. However, a word of explanation on each of the different classes might be appropriate, if there is any discussion when this comes up in the next conference. Regarding class one, I would say that the object was to provide, first, three sizes of large blue envelopes which could be used either for forwarding mates to the Lunacy Commission from the hospitals or from Treasurer's office, or when used by the Commission could I to transmit material between their offices, or, when plain, y us for sending material to any address. The printing mples that you sent illustrates this use for the largest

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sized envelopes except for one sample which is missing in the set that you sent me. The original sample came from Middletown, and I presume from Dr. Talcott's letter to me, that they were originally furnished by the Lunacy Commission, and the supply has become exhausted.

Of the four smaller blue envelopes, I would state that the purpose of issuing these envelopes was to provide an opaque envelope of several sizes, a light blue, yellow or some other colored envelope being used by a number of the superintendents. The object in getting all envelopes of this kind, arranged as in the sample, was to give an opportunity of having envelopes of both sizes which could be used for enclosing communications and return envelopes. You will notice among the envelopes there are no directed envelopes, though in the report I referred to these by stating that they should be used either plain or directed.

Concerning the other envelopes, it is hardly necessary to make any remarks, as they are printed and arranged so that they explain the use of the brown paper envelopes of different sizes. This is probably owing to the fact that the hospitals use one envelope and some another.

Summing up briefly, as to printing, I would call attention to the fact that, speaking in a general way, there are first, three or four large envelopes, either of the blue paper, linen-lined, or common brown paper, light or heavy weight, adapted for enclosing papers of various descriptions, but would be used more particularly for enclosing estimates. As will be readily seen, one estimate would go in one of the smaller envelopes, while for two or three books of estimates, it would require one of the larger ones, and also with the enclosure envelopes, and the smaller envelopes, if needed, to go with the larger one. Aside from this and the few special envelopes used, all of the remaining envelopes are of sizes 12, 11, 10, 6½ and 6. This being the fact, and throwing the few special envelopes out of the question, the system of envelopes prepared only includes about seven sizes altogether for the general use of the hospitals. It was my idea that these sets of samples sent out to the different hospitals could be pasted in a sample book for future reference, and that then as needed the superintendents could call for such envelopes as would be appropriate for their respective institutions, by number, and that the printer could follow the general form adopted by the conference in filling such orders. I wish again to lay

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stress upon the fact that it is not likely that all of these envelopes will be carried in stock by all the hospitals, or that they will be asked for to be printed in large quantities, except certain special kinds that are in constant use.

Very sincerely yours,

WM. AUSTIN MACY

On motion of Dr. Talcott, the recommendations of the committee were accepted.

The chairman stated that some of the hospitals had complained of embarrassment by reason of the revision of prices in their estimates to the prices estimated by other hospitals, when perhaps not exactly the same quality or kind was desired, and suggested that if the hospitals would be more specific in their estimates, and make use of the commercial terms in each case, this difficulty would be largely obviated.

Dr. Mabon suggested the feasibility of the State maintaining a cheese factory and manufacturing the cheese for the use of the State hospitals, or entering into an arrangement with some factory already established and buying the product thereof under joint contract.

Commissioner Brown stated that he had reason to believe that a large number of factories could be found which would be glad to undertake this work.

Dr. Mabon moved that a committee be appointed to inquire in the matter of cheese, and to make a report as to the advisability of this project of the State manufacturing or of entering into joint contract, and also to report as to the grade of cheese to be used, after correspondence with the several superintendents.

Dr. Blumer suggested that if such committee were appointed Commissioner Brown be made a member thereof, in view of the attention he had given the matter during the past sum-

Dr. Mabon's motion was seconded and unanimously adopted.

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The chairman appointed as such committee Dr. Mabon, Commissioner Brown and Steward Gilbert.

A recess was taken until 2.30 p. m.

AFTERNOON SESSION

Conference resumed at 2.30 p. m.

Commissioner Brown, chairman.

The chairman stated that form 671, comparison of estimates, had not been properly filled out by many of the hospitals. The object of this form was to show a comparison of the estimates with previous years, and the reasons for marked increases or decreases in the respective estimates and classification should be incorporated in these blanks. A mere tabulation of the estimated figures for the various years would not answer the purpose.

The chairman read to the conference the following list of articles required in laundries, prepared by Grant Newcomb, laundry expert, September 30, 1898:

LIST OF MATERIALS REQUIRED IN LAUNDRIES

Prepared by Grant Newcomb, September 30, 1898

Acetic acid for bluing, aniline blue, baskets, belt dressing, belt lacing and hooks, borax, brushes for fingers, canton flannel, caustic potash, caustic soda, chloride of lime, chlorozone, filtering paper, gasoline, glass graduate, iron holders, marking ink, muslin, oil, oxalic acid for rust stains, pens, paper, pencils and matches, pleat raisers, pins and buttons, record blanks, sal-soda, scales, shirt sticks, soap, starch, tar soap, twine, ultra-marine blue, wax, wool felts and canvas, zelora for removing rust stains from colored goods.

The chairman stated that the last committee of stewards selected to arrange for joint purchase of supplies was appointed so late that there was but very little time to make proper preparations, and he therefore suggested that the committee to make purchases for the six months beginning April 1st be appointed at this conference.

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Dr. Mabon moved that the present committee be continued.

Dr. Howard stated that it was absolutely necessary that Mr. Remington, steward of the Rochester State Hospital, should be relieved from service upon this committee, inasmuch as his whole time was taken up in perfecting the soap plant at that institution.

Steward Gilbert, of the Willard State Hospital, was also released from service upon the committee at his own request.

Dr. Mabon's motion was adopted with the amendment that the Commission should have the power of substitution.

The chairman later announced as the new committee: Steward Cole, of the Manhattan State Hospital; Steward Wheeler, of the Long Island State Hospital; and Steward Gillespie, of the Hudson River State Hospital.

The chairman stated that he desired to renew the suggestion he had made some months ago that it might be well to have samples of the flour purchased by the State hospitals examined and tested by the expert employed by the Millers' Association of the United States. The name and address of this expert was A. W. Howard, Minneapolis, Minn.

The chairman said that in making visitations it had been noted by the Commission that in some hospitals vinegar was not placed upon the tables, it being explained that many patients mixed it with water and used it as a beverage, and that food requiring vinegar had it applied before being brought into the dining-rooms. He suggested that this regulation be added to the food rules now in operation.

During the discussion of this subject, it was remarked by Dr. Howard that these food rules had never been formally adopted by the conference, and it was agreed that this matter should be brought up at the January conference, the superintendents meantime to carefully consider them and be prepared to report on them officially at that time.

The chairman read the following communication from the State Hospital:

ELEVENTH ANNUAL REPORT OF THE
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STATE OF NEW YORK—ROCHESTER STATE HOSPITAL,
October 25, 1898
In the Matter of Soap Chips

To the State Commission in Lunacy:

In attempting to furnish the hospitals with soap stock for making soft soap, it appears to be necessary to make said stock "neutral."

As the waters in hospital laundries vary in hardness, it will be necessary for each institution to add a proper proportion of alkali to make their hard water soft, to secure good results, and save time not to endanger goods.

I have written the hospitals regarding soap chips relative to this matter, and wish to state that estimate items for "alkali" may be used.

SIR,
 E. H. HOWARD,
Superintendent

The conference next week will be held at the hospital. Matter of a standard grade of clinical thermometers, and a new wing was directed to investigate the subject and report to the next conference.

The chairman read the following communications from the Rochester State Hospital:

STATE OF NEW YORK—ROCHESTER STATE HOSPITAL,
October 26, 1898

In the Matter of Joint Contract—Rice

To the State Commission in Lunacy:

I have taken the liberty to send the following letter to the several superintendents:

"My Dear Doctor.—Please pardon me for taking the liberty to inform you that the first delivery of rice received at this hospital under the joint contract was so markedly inferior to the standard that it was promptly returned.

"Also that the second delivery of rice received on the same contract has been subjected to a 'blind test' in comparison with the standard, by an expert, who reports that the standard adopted by the committee is a Carolina rice of good quality,

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while the rice received on the second delivery is declared to be a Java rice of inferior quality, worth less than the standard.

"It is suggested that a cooking test will bring out this difference in so plain a manner that a person other than an expert will readily see the difference."

Very respectfully yours,

E. H. HOWARD,

Superintendent

STATE OF NEW YORK—ROCHESTER STATE HOSPITAL,

November 1, 1898

In the Matter of Clothing

To the State Commission in Lunacy:

In response to your inquiry of October 11th, whether it would be possible for me as chairman of the committee on clothing for women to renew the contract for clothing of this kind, I have the honor to report that it is possible to renew the contract with Sweetser, Pembroke & Company on percales, A and B, Bates' seersuckers, cheviots, A-B-C-D, check gingham, "special untearable;" also Dr. Hurd writes that the Hengerer Company of Buffalo are willing to renew their contract for cashmeres. Also that James H. Dunham & Co. are willing to renew their contract for book-fold ginghams.

John Wanamaker, of New York, refuses to renew his contract for toile-du-nord.

Respectfully yours,

E. H. HOWARD,

Superintendent

Dr. Blumer moved that the committee on clothing be continued, and authorized to enter into contract for six months' supply. Carried.

The chairman read the following communication from the Utica State Hospital:

STATE OF NEW YORK—UTICA STATE HOSPITAL,

UTICA, November 1, 1898

In the Matter of Bread Pans

EDWIN BROWN, *State Commission in Lunacy, Albany, N. Y.:*

Sir.—Your interest in the matter of bread leads me to set forth a few facts and figures for your consideration. Accord-

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ing to an estimate submitted to me by the tinsmith I find that when the old-style bread pans were in use the expense for nine years was \$135, while the repairs to same amounted to \$1.50, making a total of \$136.50. We began to use the present bread pans, I think, in February; 280 of them have been repaired up to the present time at a cost (making the average cost to each 25 cents) of \$70. Seventy-five bread pans have been condemned in that period, say \$93.75, which amount added to \$70 makes \$163.75, as against \$136.50 for nine years.

You will observe, therefore, that the extra cost for bread pans must be taken into consideration in estimating the saving in bread by the new method of baking. This consideration has induced me to make a trial of baking bread without tins at all, after the manner in which Vienna bread is baked. The experiment seems to be successful. The loaf is less symmetrical, it is true, but it is vastly more palatable, lighter, and the loaf is not a wasteful one as regards its crust. Perhaps you would like to interview your Albany expert on this subject.

Yours very respectfully,

G. ALDER BLUMER

The matter of the use of oxalic acid in laundries was discussed at length, and communications in regard to the subject from the Binghamton State Hospital and Grant Newcomb, of the Union Laundry Co., of Albany, were read:

STATE OF NEW YORK—BINGHAMTON STATE HOSPITAL,

October 18, 1898

State Commission in Lunacy, Albany, N. Y.:

Gentlemen.—I beg to acknowledge receipt of contracts for meat, duly approved, also supplementary estimates comprising various items under estimates Nos. 3 and 4 and for sewing machines. I note your comment on the estimate for oxalic acid as follows: "The Commission is informed by laundrymen of this city that oxalic acid is used only for removing rust stains." In view of the full note appended to our estimate we think our estimate should have been allowed. It is true that oxalic acid is used for removal of iron rust stains, but this is a small matter compared with the service the oxalic acid renders in preparing the goods for bluing. By using about ten cents' worth of oxalic acid a day we are able to blue white goods so as to give an excellent white color, whereas without this method or the more objectionable chlorine method the work done in the laundry, in

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spite of the utmost care, has a yellowish tinge which makes just the difference between good work and poor work. I have taken pains to ascertain from first-class laundries the methods adopted for securing a good white to shirts, table linen, etc., and there appears to be no method superior to the oxalic acid method. I hope our next estimate for the small amount we need will receive favorable consideration.

Very respectfully yours,
CHARLES G. WAGNER,
Superintendent

UNION LAUNDRY CO., 8 AND 10 UNION STREET, AND 27 AND 29
DIVISION STREET

ALBANY, October 21, 1898

Mr. T. E. McGARR, *Secretary*:

Dear Sir.—Yours of the 20th received. The use of oxalic acid for souring is quite expensive when there is a large amount of work; for that reason we use acetic for general use after rinsing and when bluing. Many laundries use oxalic acid for souring, as it removes the rust stains at the same time, but I should consider it too expensive to use on sheets, slips, etc., as it would take quite a few pounds to sour all your goods per day in any one institution, and is surely destructive to the goods when used extensively, shortening the life of the goods to a great extent, but if it is used only on the goods belonging to the officials and attendants, that should not matter, as it is their own affairs, and probably they use it for no other purpose than to get a color on their own personal linen, such as shirts, collars and cuffs, and, in fact, it would take much more than ten cents' worth per day to sour all the institutions' work with oxalic. We find better results from 6 to 8 ounces of chlorozone to 100 shirts, and souring with acetic acid, and also find it a saving in both in time and money. However, I can see no objection to their using it if they so prefer, as the cost at ten cents per day would be inconsiderable.

Respectfully yours,
GRANT NEWCOMB

P. S.—Oxalic acid should not cost over 8 cents per pound; commercial acetic, 2½ cents per pound; chlorozone, 10 cents per pound.

Chairman read the following communication from the committee of stewards on six months' purchase of supplies, as to the for omitting certain articles from the regular list of joint

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*In the Matter of Joint Contract—Articles not included
To the State Commission in Lunacy:*

In response to your request of November 4th, I append the following detailed statement of the reasons for omitting from the regular list of joint contracts, (1) graham and rye flours, (2) corn meal and corn flour, (3) citron and dried currants, sago, (4) wheat flake, crushed, cracked, etc., (5) beans, (6) tomatoes, canned, (7) salt fish, mackerel and

1. Graham and rye flours were considered by the committee in the same class as wheat flour, and it was thought best for the hospitals to purchase the wheat flour, which has been considered by the committee at the conference. Rye flour was considered by the committee as undesirable for joint purchases.

2. Corn meal and corn flour should be purchased fresh, as they will not keep for long. In the use of meal or flour from new corn, the week's supply would be all that could be held, and a joint contract should not be made.

3. Sago, citron and dried currants had not been considered by either the committee of superintendents or by the former purchasing committee as desirable for joint contracts, and the attention of this committee was not called to sago and citron, while dried currants were higher in price than raisins, and as currants were used to take the place of raisins, the committee thought it would not be economical to purchase them.

4. Wheat flake, crushed, cracked, etc. Wheat in its various forms was not included in the specifications for the reason that no definite information was at hand as to the kind required by the different hospitals, and the time was so limited that it was impossible to get the required information. The items are very small when divided under the various headings—such as wheat flake, crushed, cracked, rolled, etc.

5. Beans were not considered by the committee as suitable for a joint contract, as the price at that time was very high, with a prospect for a lower price later on. It was the opinion of the committee that beans could be more economically purchased by the different institutions at first hand, especially in the country, than to be secured under joint contract. In hospitals located like Binghamton, Willard, St. Lawrence and Rochester beans could be bought, and hand-picked at the institution, thereby making a saving. Peas are an entirely different product, and subject to different conditions of purchase.

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6. Tomatoes, canned. Tomatoes in gallon cans were included in the specifications, but were stricken from the list, because it was impossible to secure a sample of new goods to use as a standard. Packers declined to bid on tomatoes, and jobbers who answered the advertisement for proposals did not have these goods in stock.

7. Salt fish, mackerel and cod were considered by the committee with much care, and their special report thereon was forwarded to the Commission and to the hospitals on October 28, 1898, an extra copy of which is enclosed.

Very respectfully yours,

M. J. GILBERT

The chairman read the following letter from the Middletown State Hospital:

STATE OF NEW YORK—MIDDLETOWN STATE HOMEOPATHIC
HOSPITAL

MIDDLETOWN, November 9, 1898

In the Matter of Codfish

State Commission in Lunacy, Albany, N. Y.:

Gentlemen.—In compliance with a recommendation made by a committee of stewards, we have recently purchased Grand Bank codfish instead of George's Bank codfish. Grand Bank codfish costs \$3.25 per hundred pounds. George's Bank codfish costs one or two cents per pound more. It seems proper that we should consider the difference between George's Bank codfish and Grand Bank codfish. The former are caught by fishermen who are in boats. They hook the fish, and draw them on board, and at once decapitate and dress their victims. By this method the fish are thoroughly freed from blood and entrails, and the meat is left white, clean, and wholesome. The Grand Bank codfish, I am informed, are caught on hooks which are attached by lines to set poles. When the fish are caught in this way, they are allowed to drown, and to float in the water from twenty-four to forty-eight hours after they are dead. By this process, the meat of the fish becomes contaminated by the decay of blood and entrails until it is unfit for sick people to eat. These Grand Bank codfish may be eaten by healthy people who are addicted to hard work in the field, and possibly the results may not be very serious for a healthy person, but sick people should have food that is as pure and healthful as can possibly be obtained.

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The first lot of Grand Bank codfish we received was so strong we were obliged, after testing them, to send them back. Consequently, we had no fish for dinner on that day for our patients. Fortunately, we had a few oysters in the house, and with these we made a stew, and served it as a substitute for the fish, otherwise the patients would have been obliged to go without fish or meat for dinner. As it was, they were deprived of their customary oyster supper. The second lot of Grand Bank codfish was a little more tolerable, but at the same time the meat was of a dark, reddish gray color, and it was evident that the fish had never been properly bled, and that the flavor was not that of good George's Bay codfish. The Grand Bank codfish seems to be very much inferior to the George's Bay codfish, and it does not make an appetizing and substantial meal when worked into codfish balls, it is more readily accepted by the patients than when issued plain.

It seems to me that the use of codfish is not so satisfactory if we pay so much for it, and secured a fine lot of fish, and there is very little waste in the use of it, and improves the condition of the patients. The quality is smelled of, and thrown away. Hence, it is a different fish than in the past.

Hoping that you will kindly reconsider the matter of codfish, and allow us that which is suitable for the mental invalids confined to our care,

I am, very truly yours,
 SELDEN H. TALCOTT,
Superintendent

Steward Gilbert stated that he had given the matter of codfish careful consideration, and that he believed the Grand Bank codfish was an excellent article.

The matter was discussed at considerable length, and upon motion of Dr. Howard, the recommendation of the committee of stewards contained in the following supplemental report was adopted:

Salt Fish

The committee, appointed by the conference of superintendents with the State Commission in Lunacy, at the July meeting, to consider the subject of six months' supply of certain standard

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articles, begs to submit to the members of the conference and the State Commission in Lunacy the following supplemental report:

At the suggestion of the State Commission, the committee undertook the investigation of the source and supply of salt fish, and for that purpose visited various commission houses, jobbers and wholesale producers, both in Boston and Gloucester, Mass., the latter place being the headquarters of the fishing fleet of New England.

As a result of such inquiries and investigation it is the belief of your committee that salt fish should be purchased by the State hospitals direct from the producers.

At Gloucester, the committee learned that the use of "Georges" codfish is not now economical, as it has become scarce and is known in the market as "Fancy," bringing two cents per pound more than "Grand Bank" codfish. Therefore, the committee would recommend that the codfish known as "Grand Bank" be used, as it is a genuine codfish and entirely suitable to the uses of the hospitals. This "Grand Bank" codfish should measure not less than 22 inches the shortest way. At this date this fish is worth \$3.25 per hundred, f.o.b. Gloucester.

While the representative firm making the above quotation would possibly be willing to make a contract with the State hospitals at the indicated figures, still the committee recommends against it, for the reason that if such contracts be made, the producer must place in stock a sufficient amount of fish to cover the entire contract, and the result would be that the hospitals would not get the benefit of the later catches. The hospitals can obtain from the reputable dealers—a partial list of whom is appended—from month to month a proposal for furnishing "Grand Bank" cod which will undoubtedly be satisfactory and economical.

Mackerel

For the coming year, on account of the short supply, mackerel will command so high a price that it would seem advisable to procure some other fish as a substitute. Mackerel, which in former years brought from \$8 to \$10 per barrel, is now quoted at from \$19 to \$21.50 per barrel. The committee would suggest that the hospitals ascertain by sample purchases whether American Labrador split herring at \$4.50 per barrel or Labrador trout at \$12 per barrel could not be used advantageously as a substitute for mackerel.

The committee feel that it is not authorized under the directions received by the resolutions of the conference creating them to make a contract for salt fish in the same manner that other

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supplies have been contracted for. They therefore recommend that the several hospitals act upon the information herein contained in direct purchase from producers, and in accordance with such recommendation, salt fish be ordered as needed for the following six months.

Partial list of producers—

Leonard, Treat & Co., Boston, Mass.
 Caswell, Livermore & Co., Boston, Mass.
 John Pew & Son, Gloucester, Mass.
 H. C. Smith, G

mitted,
 J. GILBERT,
 S. REMINGTON,
Committee

Dated, ALBANY, No

Ayes—Dr. Wagner, Howard, Bryant, Blumer,
 Arthur Dewing, Rus
 Noes—Dr. Talcott.

The chairman stated that he had been, as a matter of experimenting, si ngle bed with a mattress containing $9\frac{1}{2}$ pounds of hair, and had found it very satisfactory and comfortable. These mattresses could be successfully made, if tufted about every three inches. He suggested that the hospitals experiment with lighter weight mattresses, with a view to economy.

Dr. Blumer exhibited a sample aluminoid cup, intended to take the place of glass tumblers, in disturbed wards, and it was agreed that the Utica State Hospital should experiment with this ware and report to a future conference.

The chairman stated that the contract for toilet paper had expired some time before, and on motion of Dr. Hurd the present contract was renewed.

The chairman stated that the Diamond Match Co. had made a proposition to furnish 100,000 books of matches for \$3.15 per 1,000 books, less 2 per cent. for cash, the matches to be delivered to the several hospitals as called for.

Dr. Dewing moved that the proposition be accepted, and the 100,000 books drawn upon by the hospitals as needed.

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Seconded by Dr. Hurd and unanimously adopted.

The matter of the use of beet sugar was brought up, and it was suggested that the Binghamton State Hospital, which had a beet sugar refinery in its vicinity, should look into this matter and report to the conference.

The chairman read the following letter from the steward of the Manhattan State Hospital in regard to the rejection of certain butter purchased of the Fox River Butter Co.

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

November 28, 1898

T. E. MCGARR, ESQ., *Secretary Lunacy Commission, Albany, N. Y.:*

Dear Sir.—I have for some time past been purchasing butter of the Fox River Butter Co. Some three weeks since we received at the female department a shipment of butter from this company, consisting of 15 tubs. While paying the full market price for these goods the same was not considered up to standard, and was rejected by the medical superintendent of the hospital and the company notified. Before returning the goods each tub was marked on the bottom with a private mark. A day or so later the butter was replaced by the Fox River Company with 15 tubs, 12 of which were the identical tubs rejected by the female department.

In view of the above fact, it is impossible for us to have dealings with this company.

Very respectfully,

H. E. COLE,

Steward

The chairman stated that an examination of the estimates showed that some of the hospitals estimate for less than 75 per cent. of the Flint ration for meats, and that but few hospitals estimated for to exceed 85 per cent., and requested that the matter of it allowance be given very careful consideration.

chairman also stated that the results of the year showed here were wide fluctuations in the comparative quantities of coffee and tea consumed by the different hospitals. He suggested that the hospitals correspond with each other as to

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methods in practice, and results obtained, in the matters referred to.

The matter of establishing a new ration table was discussed, and it seemed to be the general opinion of the representatives present that no action should be taken until the report being prepared by Prof. Atwater was presented, and that in the mean time the hospitals should put forth every effort to insure economy and care in the use of sup

The matter of rest of the old insanity law providing for the disc upon a bond was brought up and discussed, and Hurd it was resolved that an effort should be made during session of the Legislature to have this feature in the law.

Dr. Talcott moved with the present conference the method of consideration of hospital estimates be changed, hospitals be arranged according in the order of their age, the oldest hospital having the first privilege at this conference, and being the last at the next conference, and so on through the list. The motion was seconded by Dr. Hurd and adopted.

Mr. Gillespie stated that the Hudson River State Hospital desired to enter protest against the manner in which orders from the prisons are filled.

On motion of Dr. Mabon, Dr. Pilgrim was appointed a committee to memorialize the State Prisons Commission in regard to matters of this kind.

Commissioner Brown stated that owing to the conference occurring but once in two months the practice of forwarding quarterly financial reports would be discontinued, and that hereafter they would be sent in once in six months, the next report being due April 1, 1899.

Dr. Mabon moved that a committee be appointed to wait upon the State Comptroller, and request that drafts be allowed the hospitals at the beginning of the bi-monthly period rather than in two lots during that period. Carried.

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The chairman appointed as such committee Superintendents Hurd and Howard.

On motion of Dr. Talcott, adjourned.

CARROLL F. SMITH,
Secretary of the Conference

**STATE HOSPITALS—FEBRUARY AND MARCH ESTIMATES—
1899**

Abstract of minutes and resolutions adopted at a meeting of the representatives of State hospitals and the Commission, held January 31, 1899, under the provisions of chapter 545, Laws 1896:

Present.—Commissioners Wise, Brown and Parkhurst; Utica State Hospital, G. Alder Blumer, M. D., medical superintendent; Willard State Hospital, W. A. Macy, M. D., medical superintendent; Hudson River State Hospital, Chas. W. Pilgrim, M. D., medical superintendent; Middletown State Homeopathic Hospital, Selden H. Talcott, M. D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, Oliver M. Dewing, M. D., general superintendent; Manhattan State Hospital, A. E. Macdonald, M. D., general superintendent; Collins State Homeopathic Hospital, D. H. Arthur, M. D., medical superintendent.

President Wise, chairman.

The chairman stated that at the last conference the committee on uniform rules and regulations for the State hospitals reported, and their report was adopted, but the printing of the rules and regulations was deferred pending the return of Dr. Macy, Dr.

ell, his representative at the last conference, having voted the adoption of the report of the committee.

ey said that he did not care to act until he had talked over with his board of managers.

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Dr. Macdonald stated that he did not understand that Dr. Bryant, who represented the Manhattan State Hospital at the last conference, had voted to accept the report of the committee. He did not believe that the conference had the right to prescribe rules and regulations for the hospitals; that that right lay in the province of the board of managers. The board of managers of the Manhattan State Hospital was about to make rules and regulations for that hospital to a large extent the rules submitted by Dr. Hurst, to a large extent used theirs.

The chairman stated that the representatives representing the hospitals had prepared a report to present to the board of managers, and recommended that the rules be uniform as far as possible. These rules were to be uniform as far as possible. A code of rules was agreed upon by the conference. The board of the Manhattan State Hospital voting for the report that disposed of the matter.

Dr. Mabon, from the committee on cheese, stated that the committee had been unable to have a meeting, and that it had been determined not to make a formal report, but to submit a statement covering the information which had been obtained for discussion and action by the conference. The quantity of cheese consumed by the State hospitals during the last fiscal year was 198,388 pounds; the total cost, \$15,964.10; the average cost per 100 pounds, \$8.046; the highest price paid by any one hospital \$8.70, the lowest \$6.75 per 100 pounds. It had been stated by cheese men that it might be well for the hospitals to take the product of one cheese factory for three months; that one factory during that time could make all the cheese that the hospitals could consume; that they should take the product of the months of May, June and July. During those months the price was said to average from 6½ to 7½ cents on the board of trade. The representative of the hospitals would be allowed to inspect any factory where the cheese was being made, in order to see that the cheese manufactured was entirely in accordance with the standard adopted, and could examine into all the details; examine the

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books, etc. It would be necessary to make arrangements very **early** in the year, as that is the usual time to contract for cheese. **Cheese** is also likely to be cheaper between the first of June and the first of August, and that is the time to buy. The best arrangement would be to guarantee the price of milk and the cost of making.

On motion of Dr. Talcott, the statement of the committee was accepted.

The matter was discussed by the conference at length, and it was decided that it might be well to enter into contract with one or more factories.

Dr. Pilgrim moved that Dr. Blumer be substituted for Commissioner Brown and Mr. Hall for Dr. Mabon on the existing committee, and that this committee be empowered to look into the matter thoroughly, secure best prices, and let contract to the lowest bidder, if, in their judgment, it is a wise thing to do.

Dr. Macdonald moved as an amendment that the committee be empowered to make a contract with the lowest bidder after proper advertisement.

The amendment was accepted by Dr. Pilgrim, and the motion as amended was adopted.

The chairman stated that the committee of stewards appointed to decide upon uniform values for articles of farm and garden production reported that they were unable to agree.

The chairman read the following report of the committee of stewards appointed for six months' purchase of supplies:

ALBANY, January 30, 1899

To the Conference of Superintendents and the State Commission in Lunacy:

Gentlemen.—Your committee on six months' purchase of standard supplies respectfully reports that it has gone over the list of articles included by the previous committee in its purchases, and while retaining nearly all of said list it has added thereto a number of items, such as sago, fine salt, cider vinegar, chocolate, cocoa, evaporated apples, dried unpeeled peaches, re-cleaned currants, medium pea beans, "Pride of Kitchen" soap, etc.

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The committee is of the opinion that the purchase of Formosa Oolong tea should be made separately and in the following manner: The committee to be authorized to select a broker to establish a suitable grade of tea, and to purchase the same; to choose an expert to determine whether the supplied teas be equal to the standard selected.

If this course is pursued there will be no commission charges for the broker, and but slight ones for the expert; the tea will come from first hands, and if the hospitals can take a full six months' delivery at one time there will be a material saving in the price paid per pound, and but one inspection required of the expert.

Your committee will endeavor to have all proposals ready for submission to the next conference for approval and confirmation.

Very respectfully,

H. E. COLE,

F. A. WHEELER,

L. P. GILLESPIE,

Committee.

Dr. Macdonald moved that the committee be authorized to enter into joint contracts for all the hospitals with the lowest bidders, after proper advertisement.

Carried unanimously.

The chairman read a statement from Mr. Bradt, drug expert, in the matter of drugs and medicines, showing the saving that could be made by purchasing directly from manufacturers, etc.

Dr. Dewing stated that he had obtained a special price from Oelschlaeger Bros, New York, on Hicks' standard, of 6.50 per dozen, net.

Dr. Dewing's report:

To the Conference of Superintendents with the State Commission in Lunacy:

Gentlemen.—Having been appointed by the November conference to investigate and report on the subject of a standard grade of clinical thermometers, I would respectfully state that I have taken measures to familiarize myself with the subject and be to present the following report:

The most important point for us to consider in the manufacture of clinical thermometers is whether after the tubes have been blown they are allowed to season, that is be given time for an

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changes to take place in the calibre of the tube before the mercury is introduced and the tube is graduated; for it is found that even after the tube has cooled after being blown, changes take place in the calibre even after two or three years have elapsed, so that if a tube is immediately filled with mercury, graduated and sealed, although it may be perfectly accurate and a certificate to that effect may accompany it, in one, two or six months the thermometer will be valueless or worse than valueless as it is likely to be the occasion of errors in diagnosis; but no manufacturer is willing to hold a large stock of tubes for years without finally obtaining a price for his instruments which will warrant the expenditure of time and patience. It may, therefore, be safely assumed, and the assumption is borne out by such investigation as I have made, that no very cheap thoroughly seasoned thermometer can be obtained. By very cheap I mean less than \$6 per dozen.

Aside from the matter of seasoning there are some other comparatively unimportant difference in thermometers as seen in the market. Some magnify the column of mercury by means of a lens-front; other do not. I find the general testimony to be that, although the lens front increases the expense, very naturally, it is not necessary and is not usually preferred for general use in hospital wards, the column of mercury in a non-magnifying thermometer of a sufficient size being plainly visible without the necessity of obtaining so exact an angle as is necessary in the case of the lens-front thermometer. Then, too, there are one, two, three and four minute thermometers; this depends, principally, on the comparative thinness of the glass bulb. I find the testimony of all who are specially familiar with this subject, to be that for general ward use slower registering thermometers are best, for those registering in one minute are very fragile and will not stand the ordinary wear and tear of a hospital ward for any length of time. When one goes into the shops and attempts to ascertain a fair price or the minimum price of a well-seasoned clinical thermometer, he is met by a wide diversity of statements; the testimony which appealed to me as being honest, however, was to the effect that a three-minute magnifying, certified thermometer of American make, thoroughly seasoned, could hardly be obtained for less than about \$7 per dozen; non-magnifying, or \$6.50. Most other reputable dealers whom I saw asked somewhat higher prices than these for thoroughly seasoned. On the other hand unseasoned thermometers can be obtained as low as \$2.50 per dozen.

I led on Oelschlaeger Bros., who are the American agents for the thermometer of English make. As we all know, this

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is a standard instrument which is universally acknowledged to be of uniform good quality, and it is undoubtedly a fine, standard, thoroughly seasoned instrument. The price first quoted on the standard Hicks' non-magnifying, three-minute thermometer was \$7.50 per dozen; this, I was informed, is the ordinary dozen price. On my representation that a special price should be made for the entire State hospital system, the price finally was made \$6.50 per dozen without certificate. A price was also made on this thermometer accompanied by a certificate, and is herewith submitted in a communication to this report. It would seem to me that this is the best investment now to be had, all things considered, for to obtain this price it would simply be necessary to make reference to guarantee the purchase of all thermometers for the State hospital system to the American agents of the Hicks' Thermometer Co., London.

Of course it may be objected that, in many cases, the question of seasoning is a matter of opinion, inasmuch as many of the thermometers in use in the hospitals are broken within a few weeks after being purchased. It may be so of many but, on the contrary, it is a fact that a large number of thermometers issued, and with the proper care, there is a probability that they will become more accurate. However, it is thought best to accept what are the best unseasoned instruments, these instruments should be compared with carefully prepared specifications, and on receipt should be compared with a standard thermometer. Those differing from the standard one-fifth of a degree should be discarded and returned, and those retained should be compared with the standard as often as once in six months. I here quote from an article recently published by Dr. Chas. Rice, chemist-in-charge of the apothecaries' department, Department of Public Charities, Bellevue Hospital, New York city:

"In making contracts for clinical thermometers there are many features which permit an exact definition or description, so that a control of the articles delivered is not difficult. The only feature that is not definable or controllable is the age or ripeness of the thermometers. Nothing beyond the word of the maker can tell whether they had been allowed to become seasoned or not. It may be of interest to some of the readers of this paper to know what conditions are prescribed for the clinical thermometers, bought, under contract, for the public hospitals of the city of New York. The specifications read as follows: ' Gross of clinical thermometers (to be delivered in installments as required) four inches long, to be substantially made, with single bulb, plain front, indestructible index, each even degree plainly numbered, the graduation between 94 degrees

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and 110 F. extending over a space of not less than $1\frac{3}{4}$ inches, and to be corrected with 0.2 of a degree as determined by the standard thermometer of the department.' It was found useless to add a condition as to sensitiveness, because among a gross or more delivered at one time there are always found a number which are more sensitive than others, and these are reserved for special purposes. The higher sensitiveness is mainly due to the fact that the glass of the bulb is thinner, for which reason these sensitive thermometers are much more easily broken. For all ordinary purposes a good solid three or four-minute thermometer is much preferable.

"Thermometers remaining in stock should be examined again at the expiration of every six months, and a record should be kept of the number and condition of all those which have retained their accuracy after the first six months. After every other lapse of six months, if they are still found to be accurate, their value will have proportionately increased, as they may be certified in good faith as being seasoned."

Should the conference determine to obtain cheap thermometers upon specifications, it would, as above indicated, be necessary to have a standard thermometer at each hospital, and for this purpose I would recommend the highest grade standard Hicks.

Respectfully submitted,

O. M. DEWING

ALBANY, *January 31, 1899*

Commissioner Brown at this point took the chair.

The chairman stated that after a thorough investigation of the subject, the Commission had determined that the present quality of fresh fish purchased by the State hospitals was inferior, and not in the end economical, and that the estimates would be revised by disallowing the items for fish contained therein with a statement that a supplemental estimate should be forwarded for a better quality.

Dr. Blumer moved that a committee be appointed to investigate the varieties of fish that it would be profitable for the board to purchase, at least one member of such committee to be board superintendent. Carried.

Chairman appointed as such committee Drs. Macdonald and

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The chairman stated that in view of the large quantity of drugs and medicines purchased, and in view of the great competition in the drug business, it had occurred to him that, if it were possible, to establish at some hospital in the State a drug house in connection with the hospital, for the purchase and distribution of drugs, etc., for all the hospitals, a greatly improved quality would be obtained. He thought that the Manhattan State Hospital would probably be the best location for such an establishment.

Commissioner Wise proposed a committee of three superintendents be appointed to consider the scheme of centralizing the distribution of drugs for the State hospitals. Carried.

The chairman named the committee as Drs. Macdonald, Dewing and Blumer.

STATE HOSPITALS

BUDGET AND FINANCIAL STATEMENTS—1899

Abstract of minutes of the meeting of the representatives of the State Hospitals and the Commission, held March 30, 1899, under the provisions of chapter 545, Laws 1896:

Present.—Commissioners Wise, Brown and Parkhurst; Utica State Hospital, H. L. Palmer, M. D., first assistant physician; Willard State Hospital, W. A. Macy, M. D., medical superintendent; Hudson River State Hospital, L. P. Gillespie, steward; Middletown State Homeopathic Hospital, Selden H. Talcott, M. D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, Oliver M. Dewing, M. D., general superintendent; Manhattan State Hospital, A. E. Macdonald, M. D., general superintendent; Collins State Homeopathic Hospital, D. H. Arthur, M. D., medical superintendent.

.President Wise, chairman.

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Mr. Gillespie submitted the following report of the committee of stewards on the joint purchase of supplies:

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

NEW YORK, March 29, 1899

To the Conference of State Hospital Superintendents with the State Commissioners in Lunacy:

Gentlemen.—The committee of stewards designated to obtain proposals for certain supplies for all State hospitals for a period of six months, beginning April 1, 1899, begs to report that, after due advertisement in three daily papers published in New York city, proposals were received from fifty-one representative dealers, resident in Buffalo, Rochester, Ogdensburg, Cincinnati, Ohio; Pittsburg, Pa.; Newburg, Poughkeepsie, New York, Brooklyn and Ravena; that all bids were found to be formal save one, which contained no certified check, as required.

The committee has made a tabulation and careful comparison of all proposals received, and appends hereto a table showing the awards.

The committee has deemed it for the best interest of the State not to enter into contract for raw oil, boiled oil, turpentine or zinc in oil, believing, from the information it has obtained, that lower prices would prevail during the period for which bids were invited.

In the matter of white lead, the committee has exercised its judgment and awarded to L. W. Onion, of Brooklyn, N. Y., the contract for Long Island and Manhattan State Hospitals; to the McDougall White Lead Company, of Buffalo, N. Y., the contract for all other hospitals in the State. A lower proposal than either of these was received from a concern in Pennsylvania, but the committee, taking into consideration a complaint that upon a previous contract the goods delivered by the Pennsylvania concern was not satisfactory or up to the standard, and, further, considering the delay in reception of shipments, decided to place the contracts with firms within the State.

Messrs. Frank G. Tullidge & Company, of Cincinnati, Ohio, submitted two samples of whiskey of different years' manufacture. Samples of whiskey were not asked for, and, in view of the delay in the reception of goods from without the confines of the State, it was considered advisable to accept the proposal of dealers within the State, although the price was slightly higher.

The minutes of the last conference of superintendents with the State Commissioners in Lunacy authorized this committee to award and enter into contracts, after due advertisement, with the

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lowest bidders. Your committee has, therefore, made awards and signed contracts with those bidders who were lowest in their proposals. Contracts with all the lowest bidders in New York and Brooklyn have been signed by both parties; contracts for successful bidders at other points have been signed by the committee and forwarded for execution to such bidders.

At a formal meeting of the committee, held at the Astor House, New York, the 28th instant, when the matter of awards was considered, the chairman of the committee stated that he did not believe the committee enter into contracts, but the majority of the committee entering into contracts, and that the action of the committee upon this committee, decided to award and enter into contracts with lowest bidders, and contracts have, therefore, been signed by the entire committee.

Trusting that the committee will meet with the approval of the conference,

Respectfully yours,

H. E. COLE

F. A. WHEELER

L. P. GILLESPIE

Dr. Macdonald stated that the committee had not acted in every instance exactly according to the resolutions of the conference, and in order to straighten the matter on the record he would move that their report be adopted and that the awards made by them be sanctioned by the superintendents representing the boards of managers.

The motion was seconded, and unanimously adopted.

Dr. Macdonald submitted correspondence in the matter of fish, and reported that under the advanced price allowed by the Commission suitable fish could be procured.

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

March 23, 1899

To the General Superintendent:

Sir.—The secretary of "Blackfords" writes me that during the months of November, December, January, February and March that the best and cheapest fish for hospital use, and the most plentiful are cod, haddock, hake and pollock; that in April, May and June bluefish is usually plentiful in the market, and can be purchased at a reasonable price; that in April and May shad is

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the desirable food, but not always obtainable at a price which the hospitals could afford to pay; that fluke and weakfish are usually to be obtained during the months of June, July, August and September, and that redsnapper and sheepshead come in the months of October and November.

With the exception of cod, haddock, hake and pollock, the other fish mentioned are usually of a higher price than is even estimated for by the hospital for common fish. Bluefish, as you know, is sometimes taken in large quantities, and the market then is very low. During the months of April and May with large catches of shad from Connecticut, the South and the Hudson river arriving in New York simultaneously, the price frequently drops to three and four cents per pound, but only close watching of the market and the readiness to avail one's self of the condition of the market will permit procuring of this fish at these prices.

Weakfish, redsnapper and sheepshead are frequently sold to such hospitals as Bloomingdale, the Presbyterian, St. Luke's, etc., but at a price nearly double that which we have been accustomed to pay.

Large quantities of cod, hake and pollock are put in cold storage during winter months and sold during the summer. From inquiries I have made personally, I am of the opinion that cod is the most economical fish to use, with the possible exception of hake, which is somewhat coarser food. Hake is delivered headless. The test of a fish's freshness is usually by the appearance of the eye; of course, this test cannot be made in the case of hake.

During the past season when fresh caught fish commanded a high price, from eight to twelve cents per pound, I purchased frozen fish and heard no complaint therefrom; this occurred twice during the summer. (Price \$1.99 per 100 lbs.)

At the Hudson River State Hospital, located on the banks of the Hudson, where there is a strong run of shad during the months of April and May, I understand it is possible for them to obtain shad fresh caught directly from the fishermen's nets at a low price. When the haul is an exceptionally large one, no more than four cents per pound being paid for buck shad; roe shad commanding a slightly higher price. I understand that certain hospitals in the vicinity at a low price.

steady supply of fish such as is required by hospitals; I am sure that the varieties, cod, hake, pollock and are as economical as any which can be obtained. They by the people generally, in ordinary circumstances,

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throughout New York city, and even in the country to a distance of 200 miles, as I know from personal observation.

Very respectfully,

H. E. COLE,
Steward.

On motion of Dr. Howard, the report was adopted.

Dr. Macy reported progress in the matter of reporting upon uniform grades of wrapping paper.

Dr. Macdonald, from the advisability of establishing a depot for the distribution of drugs, reported.

The chairman stated that he had sent for and received a large number of suggestions. It had been suggested that it might be a committee appointed to investigate as to the price of table linen, and to bring into a joint contract a grade of the same.

A committee of three, Drs. Mabon, Macy and Howard, was appointed to consider the matter.

The chairman stated that the Commission would require the hospitals to send in a monthly estimate a state-

ment as to the operations of each manufacturing department conducted by the hospital. The form of this report would for the present be left to the discretion of the superintendents, but after a little experience the Commission would select the form best adapted to the purpose from those submitted, and have the same printed and distributed to the hospitals.

The chairman called the attention of the conference to the fact that there should be some system adopted whereby a better scrutiny could be had of the matter of tools. There should be an inventory taken of the supply in hand at the beginning of the year, to which should be added the tools added during the year, and the balance at the close should be in some way accounted for, and some person held responsible in this matter.

The chairman read to the conference the following report of Prof. Lattimore, of Rochester, who had been selected to make an analysis of the soap manufactured at the Rochester State Hospital and a sample of Armour's soap.

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UNIVERSITY OF ROCHESTER

The Reynolds Laboratory—S. A. Lattimore, Professor of Chemistry

ROCHESTER, N. Y., March 24, 1899

Dr. E. H. HOWARD, *Medical Superintendent Rochester State Hospital:*

Dear Sir.—I have completed the analyses of the three samples of soap which you brought to my laboratory, and report as follows:

One cake of white soap, stamped "N. Y. S. H." indicated below as "Bath," one brown sample, cut from bar, not stamped, indicated as "Laundry," one cake of brown soap, stamped "Armour's Laundry" indicated as "Armour's."

	Bath	Laundry	Armour's
Water	27.42	27.72	23.50
Actual soap	72.27	70.82	70.46
Free alkali	0.31	1.46	1.34
Silicate of soda	0.00	0.00	4.70

The preliminary qualitative tests showed that both the "Laundry" and "Armour's" contained rosin in considerable proportions, but since this substance is now scarcely regarded as an adulteration in the cheaper grades of soap, and as its separation from the fatty acids would increase the expense of the analysis, I have not deemed its determination important for your purposes as I understand them.

From the fact that soap when exposed to the air constantly loses water by evaporation, it is difficult to make a just comparison between samples of different ages. I understand the N. Y. S. H. sample was new, while that of Armour had been in store for some time. Had the former been kept until it had lost four per cent. of water, as it would in a short time, an analysis would then show water, 23.72 per cent. and soap, 74.82. As to the relative value of these two soaps, in their present condition, I should give the preference to the N. Y. S. H. laundry soap, as it contains practically the same percentage of actual soap, and contains no silicate of soda which is simply a "filler" of no value whatever.

I return to you a part of each sample analysed. The portions analysed were taken and weighed immediately after their delivery to me. You will understand that in the meantime each of them has been losing water.

Respectfully yours,

S. A. LATTIMORE.

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The chairman said that an examination of the treasurers' reports showed that in a large number of instances the quantities of farm products used by the hospitals vastly exceeded the quantities estimated for in the estimates. This was in fact a violation of the estimate law, and the hospitals would be instructed that hereafter whenever it appeared necessary to use such farm products in excess of the quantity estimated, a supplemental or re-estimate must invariably be made and submitted herewith a full statement of the particulars.

On motion of Dr. J. C. Smith

CARROLL F. SMITH
Secretary of the Conference

STATE OF NEW YORK

Kinds of lake fish
blue pike, white fish, sturgeon.

Seasons at which they can be supplied.—Yellow and blue pike, white fish, lake trout, perch, pickerel, can be supplied, fresh caught, from the 1st of April to the 1st of November. Mulletts, during April, and possibly the early part of May. Sturgeon, during May and June. Balance of the year all can be supplied, frozen.

Approximate prices at which these can be furnished.—Yellow pike ("round" or undressed), dressed white fish and lake trout, at eight cents. Herring ("round" or undressed), at four cents. Perch and mullets ("round" or undressed), at four to five cents. Blue pike ("round" or undressed), at six cents. Dressed sturgeon at ten cents. All f.o.b. Buffalo.

Best varieties for hospital use.—Would recommend white fish, lake trout, pickerel, yellow and blue pike, with occasional orders of perch, herring, mullets and sturgeon during their season.

STATE HOSPITALS—JUNE AND JULY ESTIMATES—1899

Abstract of minutes and resolutions adopted at a meeting of the representatives of state hospitals and the Commission, held May 31, 1899, under the provisions of chapter 545, Laws 1896.

Present—Commissioners Wise, Osborn and Parkhurst; Utica State Hospital, G. Alder Blumer, M. D., medical superintendent;

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Willard State Hospital, W. A. Macy, M. D., medical superintendent; Hudson River State Hospital, Chas. W. Pilgrim, M. D., medical superintendent; Middletown State Homeopathic Hospital, Selden H. Talcott, M. D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, Oliver M. Dewing, M. D., general superintendent; Manhattan State Hospital, A. E. Macdonald, M. D., general superintendent; Gowanda State Homeopathic Hospital, Geo. F. Adams, M. D., first assistant physician; E. R. Quackenbush, steward; Dr. E. H. Porter, manager.

President Wise, chairman.

Dr. Macy submitted and read the following report of the committee on table linen.

STATE OF NEW YORK—WILLARD STATE HOSPITAL

May 29, 1899

*To the State Commission in Lunacy and the Medical Superintendents
of State Hospitals in Conference:*

Gentlemen.—A few months ago Drs. E. H. Howard, William Mabon and myself were appointed as a committee by your Conference in reporting upon the different kinds of linen table damask to be used by the different State hospitals for use on the patients' and general employees' tables.

While not the chairman of this committee, I, because of my having been personally requested to submit the facts that we have gained concerning this subject, have the honor to report as follows, for the committee:

Correspondence was entered into by Dr. Mabon as chairman of the committee, with a number of large wholesale houses, and gentlemen were asked to submit samples of what they could furnish to supply our needs. The meeting of the committee was at the St. Lawrence State Hospital, and these samples were fully examined, and the subject considerably discussed, and at the request of the members of the committee, I was asked to have the samples already furnished with others that I expected to get by corresponding with other houses, who were more

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exclusively in the linen business, and with whom I would also have an opportunity to converse when in New York at the meeting of the American Medical Psychological Association.

The result of this study was that I find that it is extremely difficult, if not impossible, to select an absolutely uniform quality of linen table damask, that can be sufficiently accurately described in formal specifications to provide against the possibility of allowing contractors who might wish to evade such specifications, substituting for acceptance, materials which are considerably inferior to samples. It is very easy to define material of this kind as having so many threads to the inch, as to its being clean and even yarn, and as to its having a certain weight per yard or piece, but I find, on investigation, that with this material there are many qualities upon the market, which it would be very undesirable to purchase. This is partly due to an attempt on the part of certain manufacturers to evade the tariff duty.

Some damask is placed upon the market with a good deal of cotton in it, although it is referred to as "all linen."

In other cases the yarn is made up so that there is cotton spun within the yarn, so that while it does not show upon the outside, it materially lessens the tensile strength of the material.

Again, there is a great difference in the size of the yarn and in regard to its general qualities.

I consulted with the representatives of some of the leading linen houses, and some of the largest buyers in this line, and they all agreed that it would be impossible to draw specifications, in which no advantage could be taken by unprincipled contractors, and also that but little advantage could be obtained by undertaking to make a joint contract for this material, as the price for the better grades was almost uniform, and, as a result of my investigation, I believe that the best results can be obtained by merely adopting a grade, as regards the price to be paid, and then allowing each hospital to get the best offers that each can, for material of about that standard. After examining a great many pieces of table damask and getting much information from different sources, it is my opinion that the heavier, and at the same time better grade of unbleached damasks will give the best wear and prove most economical, and, of such grades, I find that those that are listed by the largest houses at the present time at about 72 to 75 cents per yard for material 72 inches wide, are the most satisfactory.

This would give a range of prices commencing at about 65 cents for material 60 inches wide, and with a few cents difference for the intermediate widths, up to the 72-inch material.

Some of the quotations given were on a very much lower grade

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of goods than those that I thought best adapted to our needs, but I submit herewith the principal quotations with the above information. I believe that it would be quite worth our while to experiment a little with some of the material of different prices until we find which of the grades give the best wearing qualities.

Very respectfully,

WM. AUSTIN MACY.

Dr. Pilgrim moved that the report of the committee be accepted and adopted.

Dr. Mabon moved as an amendment that before any definite action was taken in the matter, two or three of the hospitals be authorized to purchase table linen in accordance with the samples submitted, and make a trial of the same.

The amendment was seconded and carried, and the original motion as amended was adopted.

The chairman designated the Middletown, St. Lawrence and Hudson River State Hospitals.

Dr. Macdonald, of the committee appointed to investigate the advisability of establishing a central depot for the distribution of drugs, reported progress, and the committee was continued.

Dr. Macdonald, chairman of the committee appointed to advise with the Commission regarding the reduction in the appropriation for salaries and wages, stated that the committee were prepared to advise with the Commission, whenever invited to do so.

The chairman stated that the Commission had expected to be able to have this combined meeting and report to the conference, but through delays of one kind and another it had been impossible. It had been suggested by Commissioner Parkhurst that, if the committee would report to this Conference in advance of the meeting with the Commission, some progress might perhaps be effected.

Macdonald stated that the committee were unprepared to do they were appointed to confer with the Commission, and report to the conference, and they had no report ready. believed that any recommendations made and action ld not go into effect until the first of October.

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The chairman stated that it was true that it would not take effect until October 1st, but he thought all would admit that such a change could not be put in to effect arbitrarily on a certain date; that it would have to be done gradually, and from his experience as a superintendent he should think the superintendents would want all the time intervening before the 1st of October to prepare for such change.

He asked the representatives

their opinions regarding

the matter under consideration. Dr. Blumer said that to him, as he was not without data on which to express himself at

is practically a new one at conference, and being in a position, he would prefer not

Dr. Talcott said that the employment of skilled mechanics and might be considered. the employment fund

reducing the number of men needed of the prisons large would be taken from the maintenance fund.

Dr. Pilgrim thought that by keeping up the number of them a smaller amount.

be done to the hospitals and employees, but paying

Dr. Mabon stated that he thought the suggestion made by Dr. Talcott of buying from the prisons should be considered by the committee and conference. The employees engaged in manufacturing should be paid from a separate manufacturing fund, otherwise they would be a charge against maintenance.

Dr. Macdonald said that it was the purpose of the committee to invite the fullest possible expression of opinion from the superintendents, and also from the boards of managers, before acting. He was much inclined to think the only solution of the difficulty would be in the taking of these funds as they were appropriated and dividing them per capita according to the number of patients in the institution. This would work a hardship toward the Rochester State Hospital, but he thought all would probably be willing to make an exception in that case. Apart from that he believed it would turn out to be the fairest thing to make a per capita reduction affecting all institutions alike.

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Dr. Dewing stated that in the case of the Long Island State Hospital, there would be at least an increase of 700 or 800 patients, and he figured that unless large transfers to other hospitals were made the increase would be over 900, and it would be calamitous to endeavor to take care of that number of additional patients on less money than was expended last year, and in his opinion whatever reduction was found necessary to be made should be made on a per capita basis, but he did not think it should depend on what was expended last year, because he thought there were inequalities then. He thought the amounts for each hospital should be divided upon a pro rata basis, with the exception of Rochester and possibly Gowanda, in view of the fact that they had a small number of patients.

Dr. Adams stated that Dr. Arthur had instructed him to say that his preference would be to cut off the allowance for outside help, and if any other change was necessary, his next would be, if possible, to reduce the number of employees.

Dr. Howard said that he was averse to expressing an opinion, but there was no doubt that with the amount to be distributed for salaries and wages under the proposed scheme the patients would not receive proper care.

Dr. Hurd stated that he did not think there was anything to add until the committee had made its report. It seemed to him, however, that taking into consideration the different circumstances and the different requirements of certain institutions which do not exist at others, the only just basis would be a per capita basis throughout the State on the population that each institution would have for the coming year. Then when that had been decided upon, instead of reducing the schedule, and breaking their word with the employees, whom they had hired on a rising schedule, and destroying all the influences for good work which have been thrown about in the schedule, such as the training schools, each hospital should be allowed to make their own provision in the best manner their conditions would allow, without interfering with the existing schedules.

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Commissioner Osborn inquired of Dr. Macdonald whether he recommended a uniform reduction on the basis of the decrease in the appropriation or an equalization of salaries and wages.

Dr. Macdonald replied that he recommended that the amounts allowed be taken and divided by the entire number of patients in the State, and then each institution receive its proportionate share, without reference to the past year. After that was done, he thought the manner of making the reduction should be left to the discretion of the managers and superintendents of the respective hospitals.

Commissioner Osborn inquired if he would suggest any alterations in view of peculiar conditions prevailing at different institutions.

Dr. Macdonald said that the Rochester and Gowanda hospitals should be taken into consideration, but he did not think the others had any claims against one another. He thought the other hospitals ought to have one per capita of attendants, and that the same per capita should be applied to the officers and medical staff, although in the case of his hospital it would work a hardship, inasmuch as the statute required that the Manhattan State Hospital should have an assistant physician for every 200 patients.

Commissioner Osborn inquired whether he knew this would result in eliminating the deficit.

Dr. Macdonald replied that he did not; that they had had no information to work upon before that time. He asked if the Commission would consent to have the auditor prepare figures based on his suggestions.

The chairman read to the conference the result of the auditor's calculations as follows: The average per capita allowance, according to Dr. Macdonald's suggestions, for wages of employees would be \$55.51, and for the salaries of officers \$10.55. The per capita for salaries and wages as compared with the years 1897-98 for each hospital would be as follows:

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OFFICERS' SALARIES

	1897-1898	1899-1900
Utica	\$17 06	\$13 67
Willard	9 60	8 35
Hudson River	11 97	9 69
Middletown	14 13	11 62
Buffalo	12 68	9 45
Binghamton	14 65	12 11
St. Lawrence	13 63	10 61
Rochester	28 14	27 37
Long Island	11 81	8 92
Manhattan	10 54	9 42

EMPLOYEES' WAGES

	1897-1898	1899-1900
Utica	\$78 37	\$66 63
Willard	62 85	56 16
Hudson River	71 50	59 63
Middletown	70 43	60 69
Buffalo	62 90	50 34
Binghamton	75 05	64 77
St. Lawrence	72 16	58 52
Rochester	74 34	70 58
Long Island	64 24	50 83
Manhattan	55 02	50 25

Dr. Macdonald said that he did not wish it understood that he proposed this scheme now. He had said that it might turn out that it would be the best thing to do.

Dr. Talcott said that he thought Dr. Macdonald's per capita plan might work very well in institutions filled up with the chronic insane, but it seemed to him a larger per capita should be allowed for the acute than for the chronic insane. If a hospital contained only chronic insane, then a uniform per capita rate might be fixed, but if the same rate were fixed for the acute insane, then such cases could not possibly be given the care they should have, and the standard of care would be reduced to that which is usually bestowed upon the chronic insane.

Blumer said that it occurred to him that it might be well sing the schedule of wages to take into consideration the allowed each employee on the score of vacation. If the

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vacations were reduced, he thought they could dispense with at least one attendant on each ward. He had always held that the time allowed attendants and employees generally in vacations was too liberal, and it had come about that it was necessary to keep an extra attendant to fill the place of a person absent on leave. His belief was that the schedule could be reduced in certain directions with advantage.

Dr. Talcott suggested an equitable reduction in both salaries and wages, if necessary, in the schedules, if this reduction could not be otherwise avoided; that is, if they could not safely dispense with extra help in some of the various departments outside of the wards, and in that way obviate the necessity for making any reduction in the schedule.

Dr. Wagner stated that Dr. Talcott had practically expressed his views. He would like to say in addition that it seemed to him that wherever they had employees for the sole purpose of reducing the cost of maintenance, as in the manufacturing department, that expense ought not to be charged to salaries or wages.

Dr. Talcott said that he desired to supplement his remarks to the effect that the advice and help of the various boards of managers should be solicited in the settlement of the question.

Dr. Pilgrim said that he had given a good deal of attention to the matter, and was of opinion that the best plan to pursue would be first to dispense with all employees that they possibly could with safety to the institution, having in mind the proper care of patients, then put those engaged in the manufacturing department in a separate department outside of salaries and wages, reduce as far as possible the number receiving commutation in lieu of maintenance, and then, if necessary, reduce the schedule to meet the conditions that still remain. If this were impossible, a percentage reduction should be made in salaries and wages.

Dr. Mabon stated that Dr. Pilgrim had voiced his sentiments.

Dr. Macy said his preference would be, as far as possible, to carry out the promises made to employees, and to reduce to the greatest possible extent the outside departments, the expenses

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of which could be charged against maintenance, and if in that way the condition could not be met in full to then have an equitable reduction of salaries and wages.

Dr. Macdonald said he thought it would be necessary to reduce both in numbers and compensation.

Dr. Dewing agreed with Dr. Macdonald and Dr. Pilgrim.

Dr. Howard thought the reduction in numbers preferable to reduction in salaries and wages.

Dr. Hurd said he would prefer not to see the schedule interfered with. The committee and Commission had spent considerable time in revising the schedule, and he did not believe any of the officers or employees were overpaid.

Dr. Blumer said that he wished to say that when he spoke in regard to the possibility of reduction, he did not have in mind the salaries of medical officers, whom he thought were not paid any too much, but referred to the special counsel for the hospitals.

Commissioner Osborn stated that the result of a uniform equalization, as suggested by Dr. Macdonald, would place the heaviest burden upon the small institutions, and would make no difference practically in the rate already paid by the larger. It was desired to arrive at an equitable distribution of this deficit, and he would inquire if it would not be possible to adjust the matter on the basis of Dr. Macdonald's suggestion, making some allowance for the number of patients in the institution, so that each institution would bear some proportion of the loss, but so that neither the small nor the large institutions should bear the whole loss. The difficulty with the figures presented by Gen. Sanford was that a very large proportion of the loss would fall upon the large institutions, which already have a low per capita.

Dr. Pilgrim thought the only fair way would be to take the year 1898 as a basis; to consider that all were doing as well as they could at that time, and to make a straight per capita reduction.

Drs. Blumer, Talcott, Wagner and Mabon agreed with Dr. Pilgrim.

Dr. Macy said he would prefer to have the matter arranged on

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a per capita basis as suggested by Dr. Macdonald and Commissioner Osborn.

Dr. Dewing said he held to the view that a per capita be established, with some consideration of the smaller institutions.

Dr. Hurd said that until he had studied the matter more, he was not prepared to take absolute ground in either direction.

The chairman said that with this discussion, the Commission would hand over the results of its labor to the committee, and would ask for as early a report as it was possible for the committee to make.

The chairman said, in regard to the coffee question, that the Commission had carefully investigated this subject, and was convinced that the 60 per cent. allowance of the Flint ration which the Commission had for some time past allowed was sufficient to meet all requirements.

The chairman informed the conference that the contract for incandescent lamps was about to expire, and on motion of Dr. Mabon the old committee was appointed, with power, to arrange for the contract for the coming year.

On motion of Dr. Blumer, Stewards Remington and Leonard were appointed a committee to investigate the matter of paints, and to report as to proper grades for State hospital use.

The chairman read to the conference the following statement prepared by Electrician Frost with regard to the amount of power required to operate electric irons in State hospitals laundries, and the expense of their maintenance.

STATE OF NEW YORK—STATE COMMISSION IN LUNACY

ALBANY, N. Y., May 31, 1899

State Commission in Lunacy, Albany, N. Y.:

Gentlemen.—In regard to the amount of power required to operate electric irons, I would report as follows:

Light domestic iron weighing $6\frac{1}{2}$ pounds requires 4 amperes. An ordinary domestic iron weighing $7\frac{1}{2}$ pounds will take 16 amperes. The amount of energy consumed by the latter iron is sufficient to operate ten 16 C. P. incandescent lamps, or to 11.1 of a horse power. Taking the cost of a horse power at 5 cent per horse power hour, an iron would cost 3.6 cents per hour.

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In hospitals where exhaust steam is used to advantage, the cost would fall below this figure and where poor steam economy is practiced, the cost would exceed this amount.

Respectfully submitted,

F. L. FROST,
Electrical Engineer.

The chairman said that the Commission had received, in reply to a circular letter, reports from the various hospitals relative to the quality of furniture now being supplied by the prisons, and as to the price of the same as compared with ruling market prices, and from these reports it would appear that the prisons were probably charging from 15 to 20 per cent. more than the outside market prices for similar articles. It was suggested that when another large order was placed by a hospital that a proposition be received from outside parties, and make a test case of the matter.

The following letter from Dr. Macy, in the matter of prison-made cloth, was read to the conference.

STATE OF NEW YORK—WILLARD STATE HOSPITAL

May 29, 1899

In the Matter of Prison-made Cloth

State Commission in Lunacy, Albany, N. Y.:

Gentlemen.—A recent letter of your Commission regarding prison-made furniture, suggests that you are probably making inquiries regarding the satisfaction that is being had through the manufacture of different classes of articles by the State Prison Department, and as this may be the case, and because I think that special attention should be drawn to some other matters that we have to consider, and wish respectfully to draw the attention of your Commission to the fact that the cloth that is being supplied by the prison department is very much inferior to that which we could buy in the open market. The quality of cloth made by the prisons has improved somewhat since the manufacture started, but it is still looser in texture and less uniform than that which we can buy in the open market, and I do not think that it wears nearly as well when made up into suits as ordinary commercial cloth. I presume that it is to be supplied by the prison department would have considerable difficulties that are constantly changing, and few of

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whom are serving on long time, to develop the cloth making industry sufficiently to enable them to make goods that could successfully compete with such as can be readily obtained by purchase in the open market.

We have had much dissatisfaction in dealing with the prison department concerning these goods, and have found an inclination on their part to ship us goods without fully consulting, and in some cases to even send us goods that they knew we did not want. One or two such instances have occurred with this hospital, and has necessitated our sending back shipments that they have made, either because they had sent too few styles, when we wanted as many different patterns as possible, or for some other reason where we should have been consulted before they undertook to make a shipment. I can understand readily how this department might occasionally be behind their orders, and fail to give satisfaction for those received, but cannot understand the apparent disposition that has manifested itself on one or two occasions, to send us goods that we do not want. I would also state in this connection that the prison department has not improved their manufacture of light weight goods sufficiently to give us anything that will take the place of the light weight material we formerly bought in the open market. The result is that we are stocked up this year with many goods that are very much heavier than we would desire our patients to use in the very warm weather, and we are going to have more difficulty than should be the case to adapt the clothing that we have in stock to climatic conditions.

I do not know how the other superintendents feel about this matter, but we think that it is a question that ought to be settled with the prison department, and if for any reason they are unable to make goods that will satisfy our needs to the best advantage, it would seem to me that we should be allowed to purchase such goods in the open market.

Very respectfully yours,

WM. AUSTIN MACY

Medical Superintendent

Dr. Blumer related to the conference the experience of the Utica State Hospital recently in the matter of meat contract, showing that a conspiracy had been entered into by western packers against the hospital.

On motion of Dr. Blumer, adjourned.

CARROLL F. SMITH

Secretary of the Conference

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STATE HOSPITALS—AUGUST AND SEPTEMBER ESTIMATES—
1899

Abstract of minutes and resolutions adopted at a meeting of the representatives of State hospitals and the Commission, held at Stevens House, Lake Placid, N. Y., August 1, 1899, under the provisions of chapter 545, Laws 1896:

Present—Commissioners Wise and Parkhurst; Utica State Hospital, G. Alder Blumer, M. D., medical superintendent; Willard State Hospital, W. A. Macy, M. D., medical superintendent; Hon. S. H. Hammond, manager; Hudson River State Hospital, Chas. W. Pilgrim, M. D., medical superintendent; Middletown State Homeopathic Hospital, Selden H. Talcott, M. D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, Oliver M. Dewing, M. D., general superintendent; Dr. Truman J. Backus, manager; Manhattan State Hospital, E. C. Dent, M. D., medical superintendent, female department; Dr. G. A. Smith, medical superintendent Central Islip department; H. E. Cole, steward; Gowanda State Homeopathic Hospital, D. H. Arthur, M. D., medical superintendent, and Dr. E. H. Porter, manager.

President Wise, chairman.

President Wise stated that the committee on salaries and wages had submitted to the Commission a number of suggestions in the matter of the necessary reductions in estimate Nos. 1 and 2 to meet the requirements of the decreased appropriation for those purposes for the ensuing fiscal year. He wished it understood these suggestions were only submitted to the conference by the Commission and the committee as a matter of courtesy, as there was a definite understanding, as the original motion would indicate, that the committee should finally advise with the Commission, and that subsequent action was left entirely with the Com-

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mission, with the option of consulting the superintendents individually regarding reductions in their own hospitals.

President Wise read to the conference the following suggestions prepared by the committee:

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

NEW YORK, July 25, 1899

State Commission in Lunacy, Albany, N. Y.:

Gentlemen—In behalf of the committee elected by the conference of representatives of the State hospitals with the Commissioners in Lunacy, on March 30, 1899, to advise with the State Commission as to legislation in the direction of the reduction of salaries and wages, and in view of your Commission's requesting, instead of holding a conference with the committee, that its suggestions be sent to you in writing, I beg to submit a number of informal suggestions as to points which the committee would have advanced had a conference been held.

Yours respectfully,

A. E. MACDONALD,

Chairman of Committee

The committee is of the opinion, and is sustained therein by the unanimous opinions of those who have responded, in behalf of the boards of managers and the superintendents, to inquiries, that where the service of a given employee is rendered in the direction of the manufacture of articles of clothing, furniture, or any others which by their use in the hospitals relieve the latter from the necessity of purchase elsewhere, these services should be paid for from the allowances for maintenance by establishing an industrial fund and not from those for salaries and wages. At present, in the case of printing, soap-making, coffee and spice grinding, and other industries, the committee understand that the wages of those employed, or some of them, are met in the way indicated. If so, there can be no good reason why the arrangement should not be considerably extended, and thus a considerable proportion of the reduction which is now forced, be made.

It is the very general belief that the services of the attorneys appointed by the State Commission should be paid for out of the maintenance account; that the cost of legal services should be met, as is the cost of religious services or the services of dentists or ophthalmologists, from the maintenance appropriation and not from that for salaries and wages. (If the State Commission or other State authorities do not coincide with this belief, it is respectfully urged that the attorneys are now, in proportion to the

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services performed, remunerated in much higher degree than any other officers or employees of the hospitals, and that by whomever the individual reductions are made, a larger percentage of reduction should be taken from the regular salaries of the attorneys than from those of other officers. The fact that in addition to these salaries, large fees and perquisites are allowed, strengthens the argument in favor of this course.)

It is suggested by the committee that the wages of attendants or other employees, whose time is for the main part, or wholly given to the transportation of patients, might be paid from the transportation account instead of under the wage estimate. In some of the larger hospitals, or those whose districts cover the largest territory, two or more attendants are constantly so employed, and the payment of their wages, as well as of their expenses, from the appropriations for transportation of patients would appear to be only proper.

The annual expenditure for salaries and wages, respectively, as shown by the estimates submitted June first—about the date of the action of the Legislature—was \$278,603.16 and \$1,410,854.40, assuming that the offices and positions were all filled and at the rates then allowed by the official schedules. As the appropriations made by the Legislature were, respectively, \$238,000 and \$1,252,000, a reduction of 14.6 per cent. was entailed in the matter of salaries, and of 11.25 per cent. in the matter of wages. This, however, does not fairly represent the actual condition, as under the terms of the official schedules certain officers and employees are entitled to periodical increase of salaries and wages from a given minimum to a given maximum. The obligations of the hospitals toward such officers and employees would entail, therefore, an increased expenditure during the official year 1899-1900 as over the average for the preceding year, so far as represented by the estimates of June 1st. Among the officers, for example, certain physicians were entitled to a yearly increase; and while in some of the older hospitals this yearly increase had possibly been made up to the maximum, and increase might be offset by decreases from resignations, etc., setting back the new incumbents to the minimum; in the hospitals more recently added to the State system the period during which a yearly increase is granted had not been completed. In the matter of wages, also, many of the employees are entitled to semi-annual increases which would add considerably to the total expenditure for 1899-1900 as compared with 1898-1899. As this would be offset in the majority of cases to a considerable degree in the same way as above referred to in the matter of salaries, it was decided by the committee not to take such increases into account, except in the case of the graduates of

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training schools. Under the provisions of the schedules such graduates are guaranteed an average increase of wages after graduation as compared with those before of about one dollar and a half a month each. In one of the State hospitals, 110 employees having graduated in the month of May, will become entitled under the schedule to the increased monthly wage from and after the first of October, 1899. The committee has, therefore, thought it proper to add the amount of such expected increases as representing the obligations of the hospitals for the official year 1899-1900. After this has been done both in the case of salaries and wages, the obligations of the hospitals as a whole are found to be increased to the sum of \$285,400.14 for salaries and \$1,415,150.40 for wages, and the percentage of reduction required to bring these amounts, respectively, down to those of the appropriation bill are 16.608 per cent. for salaries and 11.8125 per cent. for wages.

In what way the proportion of the reduction to be borne by each hospital shall be arrived at is also an open question. Manifestly, it should be a uniform reduction affecting all hospitals in like degree. Such a reduction, however, could only properly be arrived at if all hospitals were upon the same footing. As has been elsewhere stated, this is by no means the case in many matters of hospital allowance, and especially in matters under consideration, those of salaries and wages. At the conference of Commissioners and Superintendents at which the committee was named, a tentative schedule of reductions was submitted by the auditor of the Commission as representing the views of its president. So far as could be determined this schedule was based upon the expenditures for salaries and wages in the official year 1897-1898, and qualified by a conjectural distribution of the insane of the State for the official year 1899-1900. The committee is of the opinion that instead of taking into consideration the year 1897-1898, which is so far past that the conditions are greatly changed, especially through the transfer of large numbers of patients from one State hospital to another altering the census conditions very materially; and instead of estimating upon a problematical census condition for the coming year, which is more than likely to prove entirely erroneous, a more definite standard should be selected. The suppositious distribution of patients for the average days of 1899-1900 is based mainly upon the expected completion of buildings in progress or contemplated and the subsequent inter-transfer of patients between some of the State hospitals. But experience has shown that expectations in the matter of hospital buildings are extremely likely to miscarry, and the committee believes that such expectations should be ignored in any present plan, and such

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conditions be left to be provided for as they arise. The transfer for example, of 100 patients from one State hospital to another at a given date in the year 1899-1900 can be met at the time by the transfer from the hospital sending to the hospital receiving of an equitable amount of the first hospital's allowance. The committee, therefore, suggests that the condition as to allowance for the several State hospitals existing upon June 1, 1899—approximating the date of the Legislature's action—be taken as the basis for the new allowances. As has been said, the allotment as between the several State hospitals at that time proves not to have been equitable, but with this the committee has not to concern itself. It was probably as equitable as at any other period that could be proposed. The committee suggests that to this allowance, in the case of each hospital, be added the increased amount which the hospital is pledged to pay to its officers and employees under the provisions of the schedule and the regulations of the State Commission. That from the totals thus obtained a uniform percentage of reduction be made in the case of each hospital from its individual allowance for salaries. That the same be done in the matter of the allowance for wages, except in the case of the two hospitals of lowest population—Rochester and Gowanda—and that in the case of these two hospitals but one-half the necessary percentage be deducted, the remaining State hospitals bearing between them, and in addition to their own percentage of reduction, the other half. To give effect to these suggestions, if accepted, the committee begs to submit certain tables, being mainly indebted to the auditor of the Commission for the statistics upon which they are based. These tables show:

The amount allowed for salaries and wages, respectively, for each State hospital as taken from the estimates of the date of June 1, 1899.

The amounts to be added to the above allowances in order to carry out the pledges of the hospitals under the regular schedule of salaries and wages.

The amount of the reduction for salaries and wages, respectively, to be made from the allowances for each State hospital under the terms before enumerated.

The allowances for salaries and wages remaining to each hospital for the official year 1899-1900.

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TABLE No. 1

Amount allowed for salaries of officers for each State hospital as taken from the estimates of the date of June 1, 1899, etc.:

Hospital	Amount allowed June 1	Increase for 1899-1900	Total	Amount reduction	1899-1900 allowance for fiscal year
Utica	\$17,100 00	\$416 66	\$17,516 66	\$2,909 17	\$14,607 49
Willard	21,854 22	561 30	22,415 52	3,722 77	18,692 75
Hudson River	22,523 88	288 66	22,812 54	3,788 71	19,023 83
Middletown	19,419 84	266 64	19,686 48	3,269 53	16,416 95
Buffalo	21,019 92	516 64	21,536 56	3,576 79	17,959 77
Binghamton	20,823 84	498 98	21,322 82	3,641 29	17,681 53
St. Lawrence	19,872 00	359 64	20,231 64	3,360 07	16,871 57
Rochester	16,119 84	58 33	16,178 17	2,686 87	13,491 30
Gowanda	11,399 88	344 65	11,744 53	1,950 53	9,794 00
Long Island	37,272 00	1,090 60	38,362 60	6,371 26	31,991 34
Manhattan	71,197 74	2,394 88	73,592 62	12,222 26	61,370 36
	<u>\$278,603 16</u>	<u>\$6,796 98</u>	<u>\$285,400 14</u>	<u>\$47,399 25</u>	<u>\$238,000 89</u>

Amount allowed for wages of employees for each State hospital as taken from the estimates of the date of June 1, 1899, etc. —:

TABLE No. 2

Hospital	Amount allowed June 1	Increase for 1899-1900	Total	Amount reduction	1899-1900 allowance for fiscal year
Utica	\$80,902 50	\$144 00	\$81,046 50	\$9,673 62	\$71,372 88
Willard	147,642 00	180 00	147,822 00	17,461 47	130,360 53
Hudson River	144,472 80	108 00	144,580 80	17,078 61	127,502 19
Middletown	87,858 00	36 00	87,894 00	10,381 48	77,512 52
Buffalo	109,530 00	708 00	110,238 00	13,021 86	97,216 14
Binghamton	103,974 00	240 00	104,214 00	12,310 28	91,903 72
St. Lawrence	106,074 00	252 00	106,326 00	12,569 76	93,756 24
Rochester	41,568 00	.....	41,568 00	2,456 09	39,111 91
Gowanda	26,394 00	.....	26,394 00	1,558 88	24,835 12
Long Island	229,513 50	480 00	229,993 50	27,167 98	202,825 52
Manhattan	332,925 60	2,148 00	335,073 60	39,580 57	295,493 03
	<u>\$1,410,854 40</u>	<u>\$4,296 00</u>	<u>\$1,415,150 40</u>	<u>\$163,149 60</u>	<u>\$1,252,000 80</u>

In the course of the correspondence held by the committee it has been plausibly suggested that there are now available and are to come available before the expiration of the current year, considerable surpluses of estimate above expenditure. The pay-roll of the several hospitals, as prepared at the end of each month, are less by a variable percentage than the estimates prepared at the end of each bi-monthly period. If these surpluses can, upon the 20 of September next, be legally carried over to the salary and wage account of the official year 1899-1900, a large proportion of the reduction made by the Legislature can be met from them. It has also been suggested, and this is submitted for the consideration of the State Commission, that the procurement of the transfer of unexpended balances from other accounts to those for salaries and wages might be possible.

In preparing a basis for estimating in what proportion the reduction should, whatever method may be chosen, fall upon the several

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hospitals of the State, the committee has been struck by the disparity which exists in the allowances now made to these different hospitals. (In all departments of hospital service the disparities are marked, some hospitals in certain departments receiving as much as three or four times the allowances made to others.) While in some of the departments the discrepancies may admit of explanation and justification, there are others where, as the committee believes, there can be no satisfactory explanation or justification advanced. Of these, the allowances for medical and ward services may be cited as examples. While it is without the province of the committee to pass upon this subject or to make recommendations for the correction of any inequalities, it considers it proper to respectfully call attention to the subject and to submit that when the questions which are properly before the committee have been satisfactorily disposed of and adjusted, it will be to the advantage of the hospital service as a whole if the Commission will consider the matter, adopt a uniform assignment of physicians and ward attendants to the several hospitals pro rata, and so regulate the appropriations and allotments as to permit of a more equitable arrangement generally being carried into effect.

The plea upon which in some quarters it had been sought to justify the reduction in advance of its being made, and again since it has been made, that under former appropriations the insane of this State were improperly receiving better care, or at least more expensive care, than those of other States in this Union, or other countries, is believed by the committee, after inquiry, to be unsustainable. While it is difficult in view of differences in methods and in the purchasing power of moneys to make comparisons between this and foreign countries, it is clear to the committee that in many of the latter the standard of care, and, in proportion, the cost, are fully equal to those of this State. As to the matter of officers' salaries—which are principally affected by the legislation under consideration—in two foreign countries at least the salaries are much more liberal than are those of this State. In Great Britain and in Russia the salaries are larger to the extent, in some cases, of double the New York State figures, and there are allowances, perquisites, guarantees, and especially pensions for prolonged service, which render the emoluments for such officers credibly greater than for those holding similar positions in this

comparison with State hospitals of at least three other States in the Union, the committee is credibly informed that, so far as cost is higher, the cost of maintenance of the insane in the hospitals of New York is, and has been, lower.

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(The committee regrets that opportunity was not given while the proposed legislation was pending for more urgent remonstrance. If the managers of the hospitals, the officers and employees, principally or alone affected, and others interested in the maintenance of a high order of State care, had been given opportunity, it is believed that the matter could have been so presented to the authorities as to dissuade them from their unfortunate action.)

It is believed by the committee that the commutation allowance made to certain officers and employees in the several hospitals should properly be charged to the maintenance account and not to the salary and wage account.

If all the suggestions heretofore made, with a view to the reduction of the total amount to be taken from the salary and wage account, are held to be impracticable, there would appear to remain two separate and distinct courses by either of which the amount of reduction may be distributed between the different hospitals, and the same two methods have been proposed if, after the adoption of all or any of these suggestions, the legislative reduction remains in part unmet.

The first method would entail the reduction of a uniform percentage of individual salaries and wages in the case of all officers and employees in service upon the first day of October, 1899. This would, of course, involve a revision of the schedules of salaries and wages now in force. (In favor of this method it may be urged that the action of the Legislature has seemed to indicate its preference for such a method, at least indirectly. Had the Legislature simply made a reduction in the appropriation for the lunacy service of the State, and left the details to be determined by the State Commission, it would naturally have been assumed that the Legislature had no preference as to such means. Inasmuch, however, as the Legislature elected to discriminate as between certain directions in the expenditure of the appropriation, determining, for example, that the State Commissioners' salaries, those of their special agents, etc., the allowance for the pathological laboratory, etc., etc., should remain intact, it may be inferred that they regarded the remaining directions of expenditure as substantially equal in importance as among themselves and wished them to be equally affected by the loss.)

It has also been suggested that, the action of the Legislature having been taken without full understanding of the subject, and without the opportunity being offered to those interested and affected to present their side of the case, upon the reassembling of the Legislature further action may be procured, remedying the position now created. It is argued that if anything is to be hoped

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for in this direction, more is likely to be accomplished the more generally the loss of salaries and wages is felt; that if the reduction is met simply by the discharging of a few officers and employees and the abolition of certain positions, there will be little hope of their restoration at the end of the official year or in its course; and that more likely the reduction being so meet and creating, relatively, so little disturbance, will be followed by further reduction.

The other alternative method proposed is to allow the schedule of salaries and wages to remain as at present fixed and to meet the necessary reduction by the abolition of certain offices and positions, and the relief from duty of their present incumbents. Of the relative effect of these proposed measures upon the standing and progress of the hospitals, the committee does not consider it within its province to speak. It believes that in either event a decided backward step in the care of the insane of the State will, of necessity, be taken. While either method has arguments in its favor, the committee is bound in fairness to say that the bulk of its correspondence in answer to inquiries, and the drift of opinion of those consulted, are in favor of the latter method. The committee, therefore, suggests as the result of its inquiries and deliberations that an apportioned sum be deducted from the allowance for salaries and wages of each of the several State hospitals, and that, this having been done, the particular details and the determination of individual losses be left to the boards of managers and superintendents of the State hospitals themselves. This latter suggestion is considered by the committee to be of marked importance. It is believed that the more intimate knowledge of the requirements of the individual hospitals and of the value of individual positions and incumbents possessed by the managers and the superintendents, renders them, eminently, the proper officers to adjust the many questions which will, of necessity, arise, in the best interests of the hospital service.

The suggestions were originally prepared by Dr. Macdonald, and were agreed to by Drs. Pilgrim and Hurd with the exception of the matter contained in parenthesis. It was stated to the conference that the matter was considered only in the sense of being suggestions, and not as a formal report.

The Chairman stated that the Commission had as yet given no attention to the matter, excepting that it had referred to ex-Commissioner Brown, who has been employed by Commissioner Osborn to do some technical work which would naturally fall to him, the suggestions of the committee, and it was expected that Mr.

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Brown would make a report and submit a scheme and the Commission would have this before they took final action. In the matter of attorneys, referred to in the first paragraph of the suggestions of the committee, Commissioner Osborn had been requested to take the matter up, being the legal member of the Commission, and he had given it such attention as he was able with the time at his disposal; had examined the reports of the attorneys, had had conferences with several of them, and had a conference with the Governor, and reported verbally to the Commission that, although in the near future some change, either in system or remuneration or in the number employed might be made, in his opinion it was unwise to make any change at the present time, and the matter should be permitted to go on as it had until such time as it could be more fully looked into. About a week before, the President said that he had had a conference with the Comptroller respecting a number of matters, among which was the matter of the remuneration of attorneys out of Estimate 11, miscellaneous expenses, and the Comptroller had consented to this course being pursued, commencing with October 1st. Regarding the matter of inequality of number of employees at various hospitals, referred to by the committee, the Commission had been calling this fact to the attention of the conference for years back, and also in the revision of the estimates, and if there was any plan upon which any uniform basis could be made, except by arbitrary action on the part of the Commission, of which it had been accused to a great degree, the Commission would be glad to learn it. Regarding the matter of higher salaries in other States and countries, he did not think a statement of that kind should go forth, unless specific instances were cited. He did not know who furnished this information for the committee, but whoever did knew very well that the only salaries in Great Britain especially that are higher than in this country are those of medical superintendents, and those are only in occasional instances, and the average is not up to that of this State. There were instances where superintendents received two thousand pounds, or ten thousand dollars, and there were some perquisites, but they did not get all their living. With-

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out specific information, he was of the opinion that assistant physicians in the same grade were not paid more than one-half as much as assistant physicians in this State. Regarding the statement as to regret that more opportunity was not given to the superintendents, while the proposed legislation was pending, for hearings, he was very glad to see that the majority of the committee had been in favor of striking that out, because if there ever was an unjust charge this was one. He did not think there was a superintendent but would admit that the President of the Commission, at the conferences, by letter and in private interviews had called upon them to exercise their utmost endeavor to inform their representatives in Senate and Assembly upon the conditions existing in the State hospitals, and as far as this particular difficulty was concerned, the Commission itself did not know it until the appropriation bill had passed one house, and had been reported in the other, and as soon as it discovered the other bill, requiring that all receipts from private and reimbursing patients and from miscellaneous sources would have to be turned into the State treasury, it went to the finance committee of the Senate and laid the matter before its chairman, and he promised that the matter would be corrected, and afterwards stated that it was corrected, but the Commission was unable to get a copy of the printed bill until after it had passed, and when it passed the Legislature was on its last day, and then it was found that the amount referred to had been reappropriated, but that the matter of salaries and wages had been excepted therefrom. The proceedings of the conferences would show that the superintendents had been urged to take some interest in this matter, but the fact of the matter was that the superintendents had thought that the Commission must look after the appropriations and that it was none of their business, and that they had taken no interest in it whatever.

Dr. Blumer said he felt personally very grateful to the committee for the manifest care it had taken to elucidate an extremely complicated situation, and he thought it was entitled to the sincere thanks of the conference, but at the same time he could not help

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a feeling of regret that it should have seemed proper to the committee to reflect, at least by implication, upon the *bona fides* of the Lunacy Commission, and he should be very much pleased if it could bring itself to modify somewhat the strictures contained in the report.

Dr. Pilgrim stated that that had already been done by a majority of the committee, they having indicated to President Wise the portions of the statement which they dissented.

The President said that no remarks on the part of the superintendent present would be in order, the discussion all representatives present were on an equal footing, but when a vote was taken each representative was entitled to but one vote, between the manager and the superintendent and the hospital.

Dr. Dewing said that the committee had provided for a flat rate of eleven per cent outside of the smaller institutions. His opinion that it would be much fairer to all the hospitals if an equal pro rata allowance for patients should be established throughout the State, with some consideration for the smaller hospitals. That was his opinion regarding employees' wages. Regarding officers' salaries, he would say that in February last when their new group of buildings was completed, there was an understanding between the President of the Commission and himself, the full number of physicians to which they would have been entitled not having been employed, that the saving thus effected should be taken into consideration in connection with the reduction which was anticipated would be made later.

President Wise said that Dr. Dewing was correct in his statement in this regard.

Dr. Macy said that as he understood, in case of a transfer of patients from one institution to another after the date of this change, that a fair amount of money would be allotted to the hospital to which the patients were so transferred. The only question

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which he thought would enter into that matter would be the basis on which the reduction was made. As he understood, it was a pro rata reduction based on the number of patients, but it did not seem to take into consideration the varying cost for maintaining certain departments in the different hospitals, outside of the ward service. He thought if a pro rata reduction were made without consideration of the different conditions that applied to the different hospitals, in the matter of heating, the number of kitchens, and matters of that kind, it might affect the ward service very unfairly; it would not leave the same pro rata allowance for ward service in the different hospitals. If the basis could be made so that they would have approximately the same relations, and the same proportion of attendants to patients, he thought it would be entirely acceptable. He believed the general suggestions made by the committee were fair, and that the proposed transfer of certain matters from estimate 2 would very materially reduce the gross amount of money that would have to be taken from the different hospitals when the pro rata was made.

President Wise asked if the committee had computed the percentage that could be transferred to manufacturing account.

Dr. Pilgrim replied that they had only as regards their own hospitals. In the case of Hudson River it might provide for a little over one-half.

Dr. Hurd said that he had not figured it out exactly, but he did not think it would be one-half.

Commissioner Parkhurst asked what it was proposed to transfer.

Dr. Pilgrim said to transfer to estimate No. 3 all commutations for board and lodging; also all employees who were engaged in the manufacture of clothing, boots and shoes, and things of that kind, would be placed in a manufacturing or industrial department; then there were at least two attendants in each hospital could be properly charged to estimate 12, transportation of

s.

Commissioner Parkhurst said that the principle being the same

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in both cases, he could not see why the employees on the farms could not be transferred in the same manner.

Dr. Pilgrim said if that were done, there would probably be no necessity for a further reduction.

Dr. Howard asked the President if he understood him to say that the statement of the committee that some of the hospitals had a very much larger number of employees for the care of patients than the others was correct. If that was true, ought not the conference to request that that condition be rectified.

Dr. Mabon said that he thought in some institutions there were a larger number of attendants and a smaller number of mechanics and outside help, and in that case it would be advisable to have more attendants.

Dr. Hurd, referring to the remarks of Dr. Macy regarding the taking into consideration by the committee of the equalization of the ward and medical service, said that the committee had done so, and that it spoke in its suggestions of the desirability of the different hospitals being put on an equality. However, in coming to consider the practical outcome, it was found that the hospitals in which the per capita is below the average were in the majority, and to raise the great majority and to reduce the small minority to the average would require an expenditure of money which would be out of the question for this year, and so the committee thought it would cause less disorganization in the hospital service for this year to take what each one had asked for on the first of June for all the service, and let them stand an equal reduction throughout.

Dr. Pilgrim said that there was not so much difference in the total number of employees at the various hospitals, but there was a great difference in their distribution; for instance, comparing Hudson River and Willard, the former had a larger proportion of ward attendants and the latter a much larger number of employees engaged in outside work, and it would seem to him that those were matters which nobody but the superintendents and managers could regulate, the conditions at the different hospitals varying so much.

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Dr. Dewing stated that as a matter of fact the comparison of per capita showed that taking both the ward service and outside service together, in some hospitals the per capita were very large, while in others they were comparatively small.

Dr. Mabon said that the locality of the hospital had considerable to do with this; for instance, in some places it was necessary to maintain the steam heating plant from the middle of September to the first of June, and where the soil is harder to work, and many other inequalities.

Dr. Macy said that for the same class of work, for instance, the ward service, there should be an equal proportion of employees to patients, but where special conditions existed, as in the cases of the St. Lawrence and Willard State Hospitals, some exceptions would have to be made.

Dr. Backus said that he had probably labored under a misunderstanding, but he had thought that he should have an opportunity to meet the Commission and express the suggestions of their board of managers to the Commission by itself, as he believed the Commission had the final action in this matter, and not the conference. Their board of managers was very solicitous about this matter, and as the President of the Commission and his colleagues knew, they had been trying to bring order out of chaos, especially at one branch of their hospital, and with the kind help of the Commission they had been progressing in a way that was very gratifying to the board of managers, but this movement seemed to bring a check that they were very unwilling to face, and they had had no communication whatever with the Commission about it. They could not but believe that the Commission must think that this compulsory reduction was exceedingly unwise, if they were working out the policy which they were known to have had in mind, and that it was exceedingly unfair to the people who were in the employ of the hospitals, and that it would be exceedingly unfortunate for the unfortunates whom they were trying to care for.

they did not believe that the Commission should submit to action which they were called upon to make in their opinion, unless it was an absolute necessity, and their board

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would respectfully beg of the Commission to enter their protest and all the resistance which it was in their power to make to the proposed reduction which seemed to be forced upon them. They did not believe that the people of the State wanted any such thing done; they did not believe that the Commission, or the superintendents of the hospitals, or the managers who were personally acquainted with what was going on in the care of the insane in this State had had the hearing they should have had before the legislative committee on the recommendations that were adopted, and they did not believe that the people in this State who were becoming very much interested in what they believed to be the best achievement along the line of civilization that has been made in the country, in the humane, scientific and systematic care of the unfortunate people, would wish to submit to the enforced reduction, and that it would be a very easy matter to bring influence to bear to bring light to the eyes of the Governor and to bring information that had not been given to the members of the Legislature, whereby this unfortunate action, as they believed, which had been taken could be undone. If the Commission was to be compelled to submit to what they supposed, without any communication from the Commission, they did not wish to submit, they would beg them not to submit until the last minute, but to maintain the standard which they had been setting up; they had not reached it yet, but they should continue at it until they got what they wanted in the care of these people, and it would be the unanimous opinion of the board of managers, if they were to express it, that the Commission should undertake to go on as they had been going on, without abridging the appropriations, until the next session of the Legislature, and if they were compelled to make these cruel economies, to the disadvantage of the system and the misfortune of the unfortunates, that it be done in the latter part of the year, if that be possible; instead of bowing to it as a necessity now, to take the view that it cannot be a necessity to do a wrong thing, and so he would raise the question whether it would be practicable for the Commission to delay any action whatsoever towards meeting this reduction until a hearing could be

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had at the next session of the Legislature. Governor Roosevelt was planning to make a visit to the Long Island State Hospital within a few weeks, having accepted an invitation to do so, and to inspect the work that is going on there, and he was perfectly confident that they could show the Governor that the necessities of carrying out the policy of the Commission were grave, and that he would be willing to use his mighty influence towards relieving the Commission and the system.

President Wise inquired if he supposed he would keep them out of jail.

Dr. Backus replied that none of them would undertake to assume the liabilities that would follow, but if it were practicable to go on without recognizing the necessity of the change until the session of the Legislature, that was what his board of managers would like to have done.

Dr. Blumer moved that Dr. Backus be appointed a committee of one to wait upon Governor Roosevelt and memorialize him with a view to obtaining such relief as he had suggested in his very weighty words.

The motion was seconded by Dr. Mabon.

Dr. Backus said he did not think it would be wise for one person to see the Governor alone, and he would suggest that the names of two or three representatives of the boards of managers be suggested as associates in the undertaking.

Dr. Blumer said he would modify his motion to provide that a committee of three be appointed, with Dr. Backus as chairman, and that he be empowered to select his colleagues.

The motion as modified was seconded by Dr. Macy and unanimously adopted.

President Wise said they would now consider the discussion closed, but there had been some inquiries made of the President of the Commission, to which he would reply. He thought it proper to allay some apprehensions that were held by superintendents in reference to the position of the Commission in this matter. He said they were all well enough assured that the Commission did not seek this condition of affairs, and that they did not,

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know of it until it was too late to appear against it. He did not believe that it was a trick on the part of the Senate Committee, or wherever it originated, he never having been able to ascertain exactly the source; he thought it was an error all the way through, a mistake, and he should not feel like blaming anyone for it. He did feel that the Commission should have been sufficiently informed, so that they could have had another opportunity to protest, but they were not until it had passed. With respect to the inquiry of Dr. Howard, with reference to the statement of the committee that in some institutions a very much larger number of persons for one purpose were employed than in other hospitals, he thought the statement that there were three or four times as many was exaggerated, but there was no doubt in his mind that some of the hospitals used, both in labor and material, a larger quantity and number for certain purposes than other hospitals used, and the Commission was well aware of this as they went from one hospital to another, they having every opportunity for making comparisons, seeing the work done and how it was done, and what was used, and knowing the amount of money that was expended to accomplish these purposes, and unless they were feeble-minded, it would be quite impossible for them to avoid making invidious comparisons. The Commission was well aware that some institutions accomplished certain things more economically than other institutions, and it had been their constant purpose to reduce expenditures in this way, by taking the experience of some institutions, and pitting them against the experience of other institutions; taking the institutions where the best ends are accomplished with the least expenditures, and endeavoring to introduce those plans and means and methods in other hospitals. With reference to employees, there was a wide difference, probably as wide as in the use of material, and he personally thought more so; for instance, an institution having the same proportionate amount of engineering work as another would accomplish it for one-half the expense. The only comfort that the Commission had out of the enforced reduction was the thought that it might be thereby enabled to correct such defects. But the trouble arises that each

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institution says their conditions are different than those of any other hospital, and that their requirements are different; that they are not situated so that the same number of men can do the same amount of work, and so on. Yet this committee right in the face of this said that they would make a flat proportionate reduction, which would not correct the matter spoken of at all, or change it in any way, and yet the committee in going over this work had all at once been struck by this lack of uniformity, and recommended that the Commission do just what they have been trying to do ever since its creation. In reply to Dr. Howard's inquiry he would say that he believed that this was susceptible of correction, but he did not believe, as some had suggested, that it was susceptible of correction by submitting the matter of this reduction to the managers and superintendents of the several hospitals. He would grant that nobody should be better prepared or better qualified to do this than they, but they had certain fixed views that had grown up from the contemplation of their own hospital without reference to or comparing it with the experience of others, which views were as fixed as the eternal rocks, and out of which they could not be argued, and the only way that such a correction could be made would be for the Commission in Lunacy to ignore the wishes of such managers and superintendents, and by taking the experience of all the institutions, and putting them side by side, and then making such a reduction as they thought would bring these conditions down to a uniform standard. If that were done, an enemy would be made of every superintendent and every manager in the State, yet this was just what the committee recommended should be done.

Dr. Pilgrim said that the intention of the suggestion of the committee was that the superintendents should themselves gradually regulate these matters, without any great disturbance of the present system at once.

President Wise replied that he understood that, but as he had just told them they would never do it; the Commission had been trying to have that done for years; a superintendent had been told that such a hospital did such a class of work with so many men,

and why could not be, and the reply invariably was that the conditions were different, and the argument was not wholly without virtue. In the matter of ward service, there were greater dependencies upon conditions, because a building might be taken that had wards with a class of quiet chronic cases, with 32 patients in a ward, and two attendants, and in another case you might have a ward with but 16 patients, and still there would have to be two attendants, for although for just half the number of patients, one attendant would not be sufficient. That rate could not be established for ward service, and he believed that the conditions regarding the variations in the referring to the comparison in the suggestions of to statements which the Commission from time to time had been made upon hospitals and supervisory questions regarding employment, not only throughout the United States but abroad, and the replies thereto now on file in the office of the Commission formed the basis for his statements. He believed that to-day the average of what was known as outside service, that is outside of the ward service, in the State of New York was the largest of any State or country, and there he thought was where the reduction could be made with the least embarrassment. With reference to the statement made by Dr. Backus, none would second his efforts with the Governor more warmly than the Commission. If the Governor could see light, or if light could be brought to him in any way, it would be welcomed by the Commission. With reference to disregarding the law, and going right on without regard to it, he must say that he felt that neither the Governor nor the Comptroller would uphold them. He had had a conference with the Comptroller, and knew how he felt about the matter. If action should be brought against them, he believed it would be for a penal offense. It would be contempt, as the Comptroller looked at

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it, contempt of the Legislature. No matter what the intention was, they had the law, and they were bound by that law to go on and make their division of moneys upon the basis of that appropriation.

Dr. Backus asked if it could not all be put in one-half the year.

President Wise replied that he did not believe it could, and that they had at least got to go on until such time as the Legislature granted relief on the basis of the old appropriation, but for one he wished to say that rather than see the institutions suffer or see them embarrassed to a point where there would be enforced suffering and deprivation to the insane, he would even face a charge of malfeasance in office, and permit a deficit to occur, but he believed they should go just as far as they could in obeying the law, and if they reached a point where the service was rendered almost negative by reason of reduction of the number of employees, and so that the patients could not be given proper care, he would be willing to disobey the law, even though suffering came with it, and if it came to a point, for instance, where one physician had to look after 600 patients, as far as he was concerned he would be willing to take the law into his own hands. He did not know whether he would be supported in this matter or not, but when the Commission come to finally act upon it, if they saw that they could not get through without crippling the hospital service to an extent that would render it impotent, he would be in favor of making a deficiency, but not until that time. He was satisfied in his own mind that there were some institutions in which the ward service could be decreased without injury; there were some institutions where the medical service could be decreased without injury, and there were a good many institutions where the outside service could be decreased without any particular harm to the hospitals.

He would state very frankly that, if it should prove to be necessary to incur a deficiency, he should be willing to throw himself in the mercy of the Governor and the courts.

Backus said that he thought he knew something of the persons of the Commission, and something of the perplexities they

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had had with his institution. It was not possible for any committee of the Conference of Superintendents to devise any plan that would be satisfactory either to themselves or any other superintendent. The Commission was undertaking to establish a standard with the State as a unit, whereas the hospital managers and superintendents were all working for individual units under that system. They were bound to respect that system as a thing of which they were every one of them a part. It was the province of the Commission to decide what the policy should be, and to insist upon it, and he knew one hospital board in the State that would be very glad indeed to have the Commission in Lunacy exercise its arbitrary power in securing uniformity of standard in the several hospitals of the State. The Long Island State Hospital now had a physician to about every 230 patients, and therefore they should not expect the Commission to insist upon a reduction in their medical service, and they did not want this committee to recommend that their medical force be reduced, and he did not believe that the salaries of their valuable men ought to be reduced, and the hospital authorities ought to advise the Commission of cases of that sort, but he thought the Commission ought to make the standard uniform throughout the State. It seemed to him that the proper persons to formulate a plan and to consider suggestions should have been the Commissioners in Lunacy.

President Wise said that the Commission had requested the assistance of the superintendents in this matter; it was not an offer on their part. The discussion of this matter would now be considered closed.

Heretofore the State Care appropriation had been made available at the adjournment of the Legislature, or immediately upon the signature of the law by the Governor, and naturally advantage had been taken of this, and when buildings were needed it had been their habit to take the necessary funds from the amount to their credit before the commencement of the fiscal year October 1st, or even to take the required money from the maintenance account, because it was known that the matter in the end would

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be straightened out. This year, however, the fund had been made available only on October 1st, and the consequence was that there would be quite a large deficiency, and as the Comptroller had taken the position that he could advance no money, it would be impossible to pay the bills of the hospitals for the months of August and September, with the exception perhaps of the August payrolls, before October 1st.

Now several of the institutions had estimated for tobacco. All knew what the opinion of the old Commission had been regarding its use in hospitals. The question arose whether this tobacco would be now allowed or not, and he would like an expression of opinion from the members of the conference regarding the matter.

Dr. Mabon stated that at a recent meeting the board of managers of the St. Lawrence State Hospital, Mrs. Russell, one of the members of the board, had offered a resolution that the superintendent respectfully request the Commission to allow a reasonable amount for tobacco for patients, which was adopted unanimously by the board, which felt strongly upon the subject.

Dr. Wagner said that at his hospital there were many patients whose labor was worth one, two and even three dollars per day, and if five or ten cents worth of tobacco per day were allowed them, it would satisfy them entirely, and for one he should be very glad to see a moderate amount allowed.

Dr. Blumer said that if Dr. Wagner were a user of tobacco himself, he would know that five or ten cents worth of tobacco was too much for any man to use in one day. However, he felt very strongly on the tobacco question, and agreed entirely with what Drs. Mabon and Wagner had said, and believed that the State would be decidedly the gainer, and he would suggest, if it could be obtained in no other way, that the use of tobacco be considered in the light of recreation, and paid for out of the amusement fund.

Commissioner Parkhurst inquired in what way the State would be the gainer.

Blumer replied that there were quite a number of men pa-
who would not work unless tobacco were allowed them,
or could be utilized.

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Commissioner Parkhurst inquired if that were the case whether the force of employees would be reduced.

Dr. Blumer replied that he thought there would be no doubt of it.

Dr. Macy said that he thought that a small quantity of tobacco for working patients would be a benefit. More work would be gotten out of patients, and they would be better satisfied. The question of the smoking of tobacco resulting in danger of fire might possibly come up, but it was well known that attendants and others now supplied patients with tobacco, and looked upon doing so almost in the light of a necessity to a certain extent, and he believed that it would be much better for the State to buy it, as the attendants bought the very cheapest and poorest kind of tobacco, which was apt also to be adulterated.

Commissioner Parkhurst asked if he thought the use of tobacco was beneficial to patients.

Dr. Macy replied that he did not look at it as beneficial, but they had been accustomed to it, and it would make their lot much happier, and more work could be got out of them. He would not give it to all patients, but where it would do the most good and be the best appreciated.

Dr. Howard stated that he was very strongly in favor of the moderate use of a proper amount of tobacco in the care of the insane. He had tried both ways, and he was certain that among the men patients it had a very great value in encouraging them to work and to exercise self-control, and that the results arising therefrom were very much to the benefit of the institution and to the benefit even of those other patients who did not care for it. He deprecated, however, the notion that patients who have not been addicted to the use of tobacco should learn it in the institution. The question of tobacco would not apply to women, unless they were snuff takers, but he would suggest that the women be allowed an extra modicum of tea in lieu thereof.

Dr. Pilgrim said that personally he was utterly opposed to the use of tobacco, and he should be very glad indeed if it could be kept out of the institution altogether, but his experience was that

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it could not be, and that patients would get it in one way or another, and would use it in spite of everything the medical officers could do, and he thought it would be much better to furnish them with a small amount rather than to have employees furnish it to them out of their small wages.

Dr. Hurd said that he was in favor of a small amount being allowed from the amusement fund for tobacco.

Dr. Talcott said he thought they were in favor of the use of tobacco at Middletown in small quantities, for the encouragement of those inclined to work, and for those inclined to be nervous, irritable and excitable, as they would be soothed and calmed by its use.

Dr. Dewing said he was in favor of its use in small quantities, but that it should be greatly restricted, but he thought if the hospitals were permitted to purchase it, they would not exceed the bounds of moderation. It struck him as being a good idea to establish a per capita allowance for the male population of the hospital, which should be regulated by the Commission.

Dr. Arthur stated that he was in favor of its use in small amounts, and thought perhaps the amusement fund might be increased sufficiently to allow of its purchase from that fund.

Dr. Mabon said that he wanted to add that it was a great hardship for people coming to a hospital who had been accustomed to its use all their lives to be deprived of it.

Dr. Pilgrim did not think it would be a good idea to have it purchased from the amusement fund, because the Commission would then have no way to regulate it at all.

Dr. Dent said that although he did not like to be in the minority, he did not regard tobacco as a necessity in an institution, and for that reason would vote against its introduction.

Mr. Hammond stated that Dr. Macy had voiced his sentiments.

Dr. Porter said he was in accord with Dr. Arthur.

Dr. Backus said he had furnished tobacco to several patients at Kings Park, and he would like to see a tobacco fund set aside in the amusement fund.

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Dr. Dewing moved that a per capita allowance of two cents per week, based on the male population in the different hospitals, be established.

Dr. Howard moved as an amendment that it be three cents per capita.

The amendment was seconded by Dr. Mabon, and adopted.

The motion as amended was adopted, Dr. Dent voting in the negative.

President Wise stated that the Commission would understand itself as to the proposition.

Dr. Mabon moved that on six months' purchase of supplies be continued authority to make contracts, for the period of six months.

The motion was seconded by Dr. Dent, and adopted, Dr. Dent voting in the negative.

President Wise stated that the committee would be instructed to exercise greater care in the matter of incurring incidental expenses. The superintendents would be at liberty to send any suggestions they thought proper to the committee for their consideration.

Dr. Blumer, from the committee to report on the advisability of establishing at Ward's Island a central purchasing department for drugs, etc., submitted to the conference correspondence forwarded to him by Dr. A. E. Macdonald, chairman of the committee, in which the plan was generally commended, and the establishing of such an agency recommended, and suggested that the same be considered in the nature of a report of the committee.

On motion of Dr. Macy, seconded by Dr. Dent, the report was accepted and adopted.

The correspondence was as follows:

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

NEW YORK, July 27, 1899

My Dear Doctor Blumer.—I am forced to the conclusion that my getting up to the Lake Placid conference will be extremely doubtful, and I therefore write to you in regard to the report of

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the committee, of which you and Dr. Dewing and myself are members, upon the feasibility of establishing a manufacturing drug department at Ward's Island for the State hospitals. Will you kindly make the report in my absence? So far as I am concerned, I believe that such an establishment would be of value, and from the information I have obtained I believe it would effect considerable saving while guaranteeing better results than the present methods. I am led to believe that the cost of establishing it would be about \$5,000, to be expended within the first two years, and that the cost of conducting it would average about from \$2,500 to \$3,000 a year.

Yours respectfully,

A. E. MACDONALD,
Chairman of Committee

NEW YORK, March 20, 1899

DR. A. E. MACDONALD, *General Superintendent Manhattan State Hospital:*

Dear Doctor.—It has occurred to me that, by putting down some ideas of mine, respecting your plan, on paper, you might probably obtain at least for the present as much information as may be useful for a beginning. The success of the plan naturally depends largely on the experience and business tact of the person whom you put in charge of the new bureau.

Very truly yours,

CHARLES RICE

P. S.—I send my notes, as written down from time to time, without attempting to re-arrange them.

1. At first it would be best to organize rather a Central Purchasing and Distributing Department, than a Manufacturing Bureau. The latter could be gradually organized and expanded, in proportion as the apparatus gradually to be acquired permits and the experience of the professional person in charge increases.

2. A list should be prepared (to be revised from time to time) of articles which ought not to be supplied ready-made from the central bureau, but which ought to be prepared at each institution by the apothecary from the materials supplied to him. Such are for instance, the diluted acids, syrups, syrup of tolu, syrups that can be made from fluid extracts, mucilages, tincture of iodine, tincture of chloride of iron, and many other preparations, which every apothecary is in the habit of making himself. It is much economical to forward the crude materials, than the finished ones.

On the other hand, it is preferable to distribute such articles

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as fluid extracts, most tinctures (aside from those mentioned under No. 2, and perhaps a few others), solutions of chemicals (that is, liquors), etc., etc., from a common stock, as this alone will secure uniformity in the important articles.

4. All articles purchased or manufactured, which admit of being tested, should be subjected to the appropriate tests. For instance, no tincture of opium should be accepted, or sent out, which does not contain the required amount of morphine. So with preparations of *nux vomica*, solution of peroxide of hydrogen, Fowler's Solution, etc., etc.

5. For this purpose etc., should be procured.

6. Material for bottles different hospitals should

7. All liquids, which attack tinned iron, should be in tin cans (Garrison's may be found preferable).

8. As to apparatus, a tent be designated,

charge, who may be a than to others. For in-

cists use the siphon method

ally drawn from a well in

(pots). Others use the regular percolators. And so with some other apparatus. However, any experienced pharmacist will be able to use any form of modern apparatus.

9. The cost of the articles manufactured should be computed from time to time, and the prices adjusted accordingly. It is impracticable to do this for every batch of every article manufactured, and to readjust the price each time. It might thus happen that, in putting up a gallon of, say paregoric, there might be in stock one-half pint of a batch which cost \$2.10 to make, while the other seven and one-half pints would have to be taken from the next batch, costing perhaps \$1.95 to make. It is best to make the computations once or at most twice a year.

10. The cost of the bottles, cans, corks for preceding, wrapping paper and twine, etc., etc., for all institutions is preferably computed either at the end of six or of twelve months, when stock is taken, and the total value of this material charged, pro rata, to the several institutions, in proportion to the value of the medical supplies furnished to them.

It would take much time and require extra clerical help to charge each container with each item sent. Moreover, such

nical apparatus, reagents, on hand.

shipping articles to the

by, or do not themselves (if in large quantities) in very suitable, though it is boxed cans).

, this must to a large extent be done by a pharmacist or chemist in

forms of apparatus more than to others. For in-

the liquid extract is gradually drawn from a well in

the drug packed in stone

And so with some other apparatus. However, any experienced pharmacist will be able to use any form of modern apparatus.

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charges are impracticable, on account of the infinitesimal fractions they would involve.

11. In the case of all containers, the return freight of which amounts to less than their original cost, it should be made a rule to have them returned. For instance, glass-stoppered bottles (each with its own stopper tied to it) might be thus returned.

In the case of demijohns and other large containers, it is quite feasible to charge them on each monthly distribution sheet, perhaps thus (by way of example)

Containers, 10 two-gallon demijohns, 25c.....	\$2 50	
5 five-gallon demijohns, 50c.....	2 50	
		\$5 00
Less returned 6 two-gallon demijohns	1 50	
Less returned 3 five-gallon demijohns	1 50	
		3 00
		<hr/> \$2 00 <hr/>

Of course, the method of charging is immaterial.

12. Aside from the regular account books (such as invoice book, stock book, distribution book, etc., etc.), there should be kept a manufacturing book, in which should be entered, each time a preparation is made, the ingredients, with their quantities. In the case of many preparations (such as tinctures, fluid extract) the amount of menstruum (alcohol, diluted alcohol) is apt to vary each time, as there is more or less unavoidable loss during the process. Hence, each new lot of menstruum should be entered. It is from this book that the cost of manufactured preparations is to be computed.

There should also be kept an analytical record, in which the date and analytical or other data of each examination, analysis or experiment should be entered for future reference.

NEW YORK, March 26, 1899

Dr. A. E. MACDONALD, *General Superintendent, Manhattan State Hospital:*

Dear Doctor—There are two principal reasons, why it is advantageous for large public hospital departments to establish a central bureau for the purchase of medical and surgical supplies, and manufacturing purposes.

The first reason is this, that in the case of numerous important (for instance, aconite, digitalis, ergot, cannabis indica, nthus, senega, etc., etc.), it is of paramount importance to at they have been prepared from the best obtainable

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material, and of the proper strength, which fact cannot be with certainty ascertained by analysis of the ready-made preparations bought in the market, since there are no reliable assay processes known for the above-named and many other drugs. The only way by which certainty can be reached as to the efficacy of such preparations is to purchase the drugs themselves, to verify their identity and quality, and to make therefrom the respective preparations. Competition among the manufacturing drug houses has very materially affected the quality of the preparations offered for sale. As the efficacy of the preparations made from such drugs as are mentioned above is usually not ascertainable, until they have been tried on the patients, it is difficult to decide, at the time of their delivery (if purchased ready-made), whether they should be accepted. This matter of the efficacy of a preparation is of at least as much, if not of more, importance than that of its economy.

As to economy, there can be no question regarding the advantage of organizing a central purveying and manufacturing bureau for the State hospitals.

In the first place, by the purchase of supplies at wholesale, or in original packages, the cost of many articles is materially diminished, and the labor of testing their quality and strength and of securing uniformity is reduced to a minimum.

In the second place, the central bureau will constitute a store-house, into which may be returned, at certain stated times, all medical and surgical supplies on hand in any of the institutions, and no longer in demand there. Many of such articles are probably now on hand in the various hospitals, and will gradually deteriorate or spoil altogether, while they might have been re-issued, while still in good condition, to such of the other hospitals, as require them.

Finally, a very important factor in the matter of economy is the fact that the government has granted to your department the privilege of obtaining alcohol free from internal revenue tax. This will enable you to defy competition with any manufacturing house in the case of all preparations requiring the use of alcohol. To show, only by a few examples, what the actual cost-price of some preparations is, when made with tax-paid, or with tax-free alcohol, I cite the following:

	Made with tax-paid alc.	Made with tax-free alc.
Liniment saponis, per gallon.....	\$1 90	\$0 54
Liniment saponis mollis, per gallon.....	1 28	51
Spirit. aether. nitros., per pound.....	40	12
Extract conii fl., per pint.....	95	71
Tinct. iodi, per pint	59	28

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But, while you could afford to charge on your books the actual cost-prices of the articles made at your central bureau—for you are not aiming to make a profit—outside manufacturers will have to charge considerably more than cost-prices to cover the expenses for rent, taxes, insurances, extra help and labor, pay of agents and canvassers, advertising, etc., etc., not to mention legitimate profits, without which they could not live.

No matter from which side the subject is viewed, it seems to me that the advantages outweigh every other consideration.

Assuring you of my readiness to furnish any further information in my possession, if it should be desired, I remain,

Very respectfully yours,

CHARLES RICE,

Chemist, Department of Public Charities, New York

Dr. Pilgrim said that at the last conference it was the sentiment of the superintendents that the General Electric Co. be communicated with to ascertain whether they would be willing to extend the contract for electric lamps for another year, and that Electrical Expert Frost had done so, and had received a reply to the effect that they would, and would reduce the price of series lamps from 52 to 50 cents per lamp.

On motion of Dr. Talcott, the contract was extended for another year.

Dr. Howard submitted the following report of the committee on training schools, which on motion of Dr. Talcott was accepted and adopted.

STATE OF NEW YORK—ROCHESTER STATE HOSPITAL

July 29, 1899

To the Conference.—Your committee to examine members of the junior and senior classes desires to report that it has examined 235 members of the senior class, of which 219 passed and 16 failed. The examination was held May 10th, and only those in each school were eligible who were certified by the superintendent of the respective hospitals.

The examination for the juniors was held on the same date. 9 candidates were examined, of which 251 passed and 8

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A list of the successful candidates was sent to each superintendent and also to the State Commission in Lunacy.

Respectfully submitted,

E. H. HOWARD,

WM. MABON,

A. W. HURD,

Committee

Dr. Howard moved that hereafter the final examination be held early in the month of September.

Seconded by Dr. Deane, the motion was adopted.

On motion of Dr. Deane, the committee on training schools was continued for another year.

Dr. Howard said that it was proposed to have an examination held early in September in the State hospitals and training schools.

President Wise said that he had secured a hand-book, which was being printed at the State Hospital, and would be ready for distribution in the near future. This book contained among other things the permanent rulings of the Commission, hospital directory of State officers, members of senate and assembly committee, justices of supreme court, county judges, capacity of hospitals by wards, per capita statements of expenditures, etc. For the next edition of this hand-book, which would be about January 1st, he desired to insert therein a calendar of events which will take place in State hospitals, and suggested that the superintendents bear this in mind and submit in due season memoranda covering scheduled events for their respective hospitals.

President Wise read the following opinion prepared by Hon. George C. Austin, attorney for the Manhattan State Hospital, in the matter of the purchase of Bayer drug products, and recommending that the practice of procuring these articles in Canada be discontinued:

In re Bayer Patents

NEW YORK, June 7, 1899

Dear Sir.—In reference to the controversy over the right of the State institutions to use the articles covered by what are known as the Bayer patents, I beg to say that I have gone over all the

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papers submitted to me and have also had an interview with Mr. Gref, a member of the firm of Dickerson & Brown, who represent the owners of the patent. I examined this same question over a year ago and wrote to Dr. Wise under date of January 26, 1898. I enclose herewith a copy of the letter written at that time.

The situation is substantially the same now as it was then. I have again carefully read the decision in what is known as the Tinling case and am convinced that my first conclusion is correct. In that case the court referred to the fact that every package sold by Bayer & Company in a foreign country was sold on the express condition that it was not to be imported into or sold in the United States and that this prohibition was plainly written on every package. In the sample package which I have received from the Utica State Hospital the same condition is printed on the package in French, German and English, the language being "the re-sale and importation to the United States of America are prohibited." The language of the Federal statute protecting the owner of a patented article prohibits the making, using or vending of a patented article in this country. In the Tinling case the court said "the necessary result is that whether the appellee bought in a foreign country the phenacetin which he is now selling in the State of Colorado from Bayer & Company or its vendees subject to this restriction, or from others without restriction, he is alike an infringer upon the exclusive right to make, use and vend the phenacetin within the United States which was granted to this corporation by the letters patent." Of course the same rule will apply to any articles which are patented and to which the same condition applies. I am clearly of the opinion, therefore, that the articles cannot be purchased in Canada and used in this country, and that the owners of the patent have a cause of action against the State to determine how much they have lost by reason of the articles being bought in Canada instead of here. Mr. Gref, however, stated that they were willing to make a concession, but as to just how much and as to the form in which it would be, he was not prepared at this time to say. He asked me whether I could arrange for a conference between Dr. Wise and Dr. Schweitzer, who is the head of the pharmaceutical department in this country. I think the conditions are good for an amicable adjustment of the matter at the present time, but am afraid that if the purchase of articles in Canada continues to increase or the superintendents of any of the hospitals where it is used may become involved in litigation.

Yours very truly,

GEORGE C. AUSTIN

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[COPY.]

T. E. MCGARR, Esq., *Secretary, etc., Albany, N. Y.**January 26, 1898*

My Dear Dr. Wise.—I yesterday had a long conference with Dr. Gref, of the firm of Dickerson & Brown, in regard to the Bayer patents. After my conference with him and after an examination of the various papers, I am convinced that all the various articles covered by the Bayer patents can only be used in this country after purchase in the first instance from authorized representatives of the owner of the patent. The United States Circuit Court for the District of Colorado, in the case of Dickerson vs. Tingling, has practically settled the question, and its decision is final, there being no appeal in such case to the United States Supreme Court. Similar decisions have been rendered in the United States Courts in Tennessee, Connecticut, Georgia, New York, Pennsylvania, Massachusetts, Maine, Illinois, Ohio and Minnesota.

Mr. Gref and his expert, to whom I was introduced, but whose name I cannot recall, and who was present at the conference, stated that they would be very glad to appear before the Board any time and explain why the prices are so high. All of the articles are manufactured abroad, and are subject to a 25 per cent. ad valorem duty. I stated to them, however, that notwithstanding this explanation the prices were very excessive, and that the Commission certainly had just grounds for complaint in this respect. Our conference on the subject was very friendly, and they stated that their disposition was to make concessions of some character if the Board would withdraw from its hostile position which they claim is hurting their business in other quarters. I suggested that special rates be granted to the hospitals. They stated that there were certain business reasons why this could not be done. I then suggested rebates. To this they made the same objection. Then they suggested that the best way would be to make a present of some of the articles from time to time, which would amount in effect to a reduction in prices. I think that this can be carried through, and I respectfully suggest that if you and the doctor who was present at the conference had an interview in regard to the matter there will not be any difficulty, in my judgment, in arranging the matter in a way much more satisfactory than it now stands.

Yours very respectfully,

(Signed)

GEORGE C. AUSTIN

Dr. P. M. WISE, *President State Commission in Lunacy, 1 Madison Avenue, New York City.*

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Dr. Wise said that in view of this opinion, it would probably be well to discontinue their former practice. He had, however, had a conference with Dr. Schweitzer, representing the agents for the products in this country, and was of the opinion that he would be able to obtain important concessions for the State hospitals, and said that he would further investigate the matter and notify the hospitals as to the results obtained.

President Wise suggested that in the matter of uniform materials in the manufacture of boots and shoes that a committee be appointed, preferably of stewards, to investigate the matter.

Dr. Pilgrim moved that a committee of three stewards be appointed to investigate the matter of uniformity of materials for the manufacture of boots and shoes.

The motion was seconded by Dr. Talcott, and adopted.

The chairman appointed as such committee Stewards Wheeler, Gillespie and Cole.

Dr. Blumer read to the conference the following resolutions touching the matter of the retirement of Hon. Goodwin Brown from the Commission, and moved their adoption:

Resolved, That in the retirement of the Hon. Goodwin Brown from the State Commission in Lunacy with which he had been identified as legal commissioner since its organization in 1889, the State hospital service has lost a faithful, zealous and efficient officer.

That the medical superintendents in this conference assembled, recognize the important part played by Commissioner Brown in the establishment of State care of the insane, as well as his skill and ability as an administrative officer.

That Commissioner Brown's persistent and intelligent efforts on behalf of the dependent insane resulted in an elevation of the general standard of care throughout the State.

That the medical superintendents are sensible of their loss, in
o al and personal fellowship, by reason of Commissioner
s retirement and bespeak for him in private life a degree
rity and happiness commensurate with his conspicuous

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The resolutions were seconded by Dr. Pilgrim, and unanimously adopted.

Dr. Blumer then said that he had informally appointed a committee of one to purchase for Mr. Brown a substantial token of the superintendents' esteem, and that he would now submit to the conference the selection he had made. It was a gold watch, suitably inscribed, as follows: "Presented to Goodwin Brown by the medical superintendents of the New York State Hospitals on his retirement from the Lunacy Commission, 1899." The back of the watch is inscribed with Mr. Brown's monogram "G. B."

On motion of Dr. Mabon, adjourned.

CARROLL F. SMITH,
Secretary of the Conference

**STATE HOSPITALS—OCTOBER AND NOVEMBER ESTIMATES—
1899**

Abstract of minutes and resolutions adopted at a meeting of the representatives of State hospitals and the Commission, held at 1 Madison avenue, New York city, September 27, 1899, under the provisions of chapter 545, Laws of 1896.

Present.—Commissioners Wise and Parkhurst; Utica State Hospital, H. L. Palmer, M. D., acting medical superintendent; Willard State Hospital, W. A. Macy, M. D., medical superintendent; Hudson River State Hospital, Chas. W. Pilgrim, M. D., medical superintendent; Middletown State Homeopathic Hospital, Selden H. Talcott, M. D., medical superintendent; Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent; Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent; St. Lawrence State Hospital, William Mabon, M. D., medical superintendent; Rochester State Hospital, E. H. Howard, M. D., medical superintendent; Long Island State Hospital, Oliver M. Dewing, M. D., general superintendent; F. A. Wheeler, steward; R. M. Elliott, M. D., medical superintendent Brooklyn department; Manhattan State Hospital, A. E. Macdonald, M. D., general superintendent; E. C. Dent, M. D., medical superintendent female department; Dr. G. A. Smith, medical superintendent Cen-

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tral Islip department; Gowanda State Homeopathic Hospital, D. H. Arthur, M. D., medical superintendent; Ira Van Gieson, M. D., director State Pathological Institute.

President Wise, Chairman.

Mr. Chairman.—The first order is unfinished business. Now if there is anything to be said, or anything to be done, regarding the matter of the reduction of salaries or wages, that discussion properly belongs under unfinished business. I might say, in a general way, without going into the history of this matter, that the Commission has tried to do as well as it could in arranging for this reduction. I think that the superintendents will acknowledge that it has, if anything, exceeded its jurisdiction in endeavoring to make this reduction largely by transferring from Estimate 2 to other estimates and to manufacturing account. I do not know but the Commission—Commissioner Parkhurst thinks this is the case—has rendered itself liable to very just and severe criticism, for instance, for transferring the labor and material in the building department to Estimate 4, and thereby making a reduction in Estimate 2, although the work will probably be of just as good a grade. For my own part I feel we were justified in getting around it in any way we could. However, I want to retract what I said probably at the last meeting, and others, that this reduction was an error. I have discovered since that it was not an error; that its full purport was known by the person who introduced the item in the supplemental supply bill, reappropriating the quarter of a million dollars, which we get from private and reimbursing patients, the application of which was excepted in the case of salaries and wages. The legislator who formulated that item, and who introduced it, knew absolutely what it meant, and it was done with malice aforethought. I have looked upon it as an error, and in saying this I must say at I must exempt Senator Higgins from it, because I do not
eve that he fully appreciated the purport of it, but there were
members of the Legislature who did, and the representa-
the Comptroller's office who instructed this committee

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knew what it would do, so that it was not wholly an error. It was done purposely, and that makes it discouraging to expect any repair in this direction this winter. It looks very much as if we would not get any more for salaries, unless it be for the natural increase of patients.

Dr. Pilgrim.—Do you mean for the present year or for next year?

Mr. Chairman.—

Dr. Mabon.—Does the annual increase of officers' salaries will cover

Mr. Chairman.—Now in the experience, at, but we have got so far that the increases will not amount to any increases occasioned by new appointments at just about even; that is, you have enough minimum wages to counter-balance the time in remain; at least, it averages up in the State

Dr. Pilgrim.—Officers

Mr. Chairman.—No, I am speaking of Estimate 2. The increase of officers' salaries is only suspended for this appropriation. That will be arranged so that it will go on, and I hope that it may not be necessary to suspend it for the full year even. That matter was considered very carefully, and, if we had not done it, we would have been obliged to add eight more physicians to the number reduced, and a number of the superintendents expressed a willingness to have this increase for officers held up for the time being rather than to have that reduction, which amounts to nearly one physician for each hospital, added to it. The annual increase for officers I believe amounted to between seven and eight thousand dollars per year.

Dr. Pilgrim.—Will that be restored at the end of another year, or will we simply go on where we left off?

Mr. Chairman.—I do not know; I should think that in justice back time ought to be added up, so that the officer would get the benefit of the whole time. For instance, when the time

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comes, if it was two years instead of one, the increase would be two hundred dollars instead of one hundred. That would be my conception, that this suspension is only to tide over the lack of funds for the present time. As long as the schedule has not been changed in fact, I do not think that this year should be blotted out from any officer's record.

Dr. Pilgrim.—What I was trying to get at was this. Supposing an increase was to take effect on the first of April, and on the first of October you have sufficient money to restore the increase, would the six months' back salary be restored?

Mr. Chairman.—That is what I say, that I think he should have credit for his time.

Dr. Pilgrim.—I mean now, for instance, a physician who was to get one hundred dollars more on the first of April—you see he would be entitled to fifty dollars between April and October—would that fifty dollars be given to him, or would he lose that, and just begin to receive his increase on October first?

Mr. Chairman.—I do not think he would get that for the time being; merely his time would count up for his benefit for the future; he would not get back pay, but he would get time allowance. He is paid in full, for instance, you know, to the 1st of October, 1900, the salary up to that time, but will have no back claim whatever; but when it comes to consider his increase, then in my estimation he should receive the advantage of the time that he has given to the service.

Dr. Pilgrim.—I have been asked several times whether that back pay would be given.

Mr. Chairman.—I do not think there would be any claim for the residue, because the increase is suspended for the time being.

Dr. Macdonald.—The managers authorize me to express pleasure at having the conference meet in the offices of the Manhattan State Hospital. I hope during your stay in the city you will make use of the offices for your convenience.

Chairman.—Now if there are any questions that are going to either during the conference or later, any general questions,

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I think that now under this order of business they should be brought up, in connection with the matter of the reduction of salaries and wages.

Dr. Hurd.—I have only one question, and that is concerning the status of veterans in the State service. There has been no decision on that. The Civil Service Commission have not settled that question; the question has never come up. A veteran cannot be discharged.

Mr. Chairman.—Well, supposing the Legislature does not make an appropriation for him.

Dr. Arthur.—I think he has to be transferred to some other service.

Dr. Pilgrim.—He has to be transferred to some other service.

Dr. Hurd.—In cities of the first class that would apply, but not all of the hospitals are in cities of the first class.

Mr. Chairman.—I suppose that is a question for the Civil Service Commission to settle; that is a new question to me. I think that there has been some misapprehension on the part of the public regarding this matter, regarding what the Commission has done. It seems to be generally believed that the Commission has selected individuals, and has cut off their pay, or, in other words, has required the superintendents to dismiss them. Now although it was necessary in making the recommendations for the Commission to designate items, it was the intention only that those items should refer to positions and not to individuals.

Dr. Pilgrim.—When there was only one position of the kind, then it referred to the individual as well as the position.

Mr. Chairman.—It refers to the position, and not the individual. We did not intend it to refer to the individual; we did not take the individual into consideration at all. Of course, it refers to the position. If you had some employee, some occupation, for instance, some peculiar occupation, and the Commission thought you could get along without it, or you could provide for it in some other way, we designated that by the item, and, of course, that item had a name attached to it, but we took no cognizance of the name at all. It was the position itself we re-

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ferred to. There was nothing to prevent the superintendent, if he had a vacancy elsewhere, employing this individual elsewhere. That is left entirely to the judgment of the superintendents, and it is a matter with which the Commission does not desire to deal, and does not desire to interfere with in any manner whatsoever. I want to get that down on the record, because we have been very particular about it, and we have had some misapprehension. If there is nothing more on this subject we will dismiss it. It pleases me very much to state, as a public matter, that the superintendents have co-operated with the Commission in every possible way in trying to relieve us from this embarrassing situation, and I can assure you that it is very much appreciated, and that the Commission feel very strongly upon this point. They feel that the superintendents have done everything they could to assist the Commission in getting over this embarrassing question and situation that has been thrust upon them.

Mr. Chairman.—We will dismiss this subject, if we are through with it. The next order of business is Reports of Committees. There was a report that was submitted at the last conference but was overlooked. It is a report of a committee of stewards upon paints and oils. I will now submit, but I do not think it necessary to read it. It is a lot of detail in regard to standard paints and oils to be used, but I think it would be pertinent in connection with the submission of this report to say that if we go over the history of these investigating committees in regard to qualities and prices of supplies, as a rule, they do not amount to anything at all. The report is submitted, and some superintendent moves to accept and adopt it, and it goes on the record as accepted and adopted, and is immediately forgotten, and the hospitals go on afterwards without changing their practice in any manner whatsoever. Now I think that the committee which s this report, if this committee has the confidence of the
ence, should be authorized by the superintendents to carry
fect the recommendations in their report. Then you could
e practical results. As is the case now, you may seldom
; you adopt some such method as that.

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Dr. Macdonald.—I wish to make a statement, that under the instructions of the board of managers Dr. Dent at the last conference voted against the making of these new contracts. I have since reported to the board of managers that that was done. They indorsed Dr. Dent's and my own action in the matter, and I desire now to say that the Manhattan State Hospital object to entering upon the contract for supplies. If the interpretation of the law is correct, that we have nothing to say, and that we are to have this contract forced upon us by a majority of the superintendents voting against our protest and against our belief, then of course we are a part of it. I should like to have that statement and that protest on the record.

Mr. Chairman.—Dr. Dent is recorded as having voted in the negative.

Dr. Macdonald.—As I understand it, although there is no report of the committee, the date of commencing to furnish the supplies is within a week, and I am told that without our knowledge or consent we are included in it. If that is the case, then my statement and protest stand.

Dr. Mabon.—I would like to have the resolution of the last conference read.

Mr. Chairman.—It was as follows: "Dr. Mabon moved that the Committee on Six Months' Purchase of Supplies be continued in power, with authority to make contracts for the period beginning October 1st. The motion was seconded by Dr. Talcott, and adopted, Dr. Dent voting in the negative. President Wise stated that the committee would be instructed to exercise greater care in the matter of incurring incidental expenses. The superintendents would be at liberty to send any suggestions they thought proper to the committee for their consideration."

Dr. Macdonald.—As there is no evidence that a report has been made, I move that the Manhattan State Hospital be exempted from the provisions of that resolution.

Seconded by Dr. Macy.

Dr. Macy.—I would like to say that I took similar ground, and stated that while we had no objection to joining in certain con-

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tracts where it was to our advantage, that I agreed in the principle in part, but that I thought a good many things were in the past contracts that had not proven advantageous for us to join in.

Dr. Macdonald.—This an entirely different point from ours, from the one I raise. The law says that the representatives of the managers of two or more of the State hospitals may join in contracts, but our State hospital did not join in this, because Dr. Dent did not join. Our case is an entirely different one, unless the minutes, which is more than possible, are in error.

Dr. Howard.—I rise to a point of order, that it is not a proper matter to come before the conference; that it is not—I leave that for the decision of the Chair—that the question of an individual hospital participating in these contracts is not a matter that the other superintendents ought to be called upon to vote upon.

Dr. Macdonald.—That is the very point, that the superintendents are supposed to have the right to force a contract upon me. Now I have given the superintendents an opportunity to vote whether, after hearing my explanation, they will still force it upon me.

Mr. Chairman.—There are two places in the law in which it speaks of joint contracts. It says in section 44: "Contracts may be entered into jointly, by the representatives of the managers of two or more of the State hospitals, for such staple articles of supplies, as it may be found feasible, by the commission, for the hospitals to purchase in bulk under such contracts." The next is from chapter 636, Laws of 1898, that "the superintendent or his representative shall be deemed to be the representative of the board of managers of the hospital of which he is the superintendent for the purpose of entering into contracts for the joint purchase of supplies for all the State hospitals, under the provisions of section forty-four of chapter five hundred and forty-five of the laws of one thousand eight hundred and ninety-six," which I have just read, and it goes on, "and, if the majority of such representatives determine on joint purchases, such joint purchases may be for the benefit of all the State hospitals, and the commission may designate one such representative to sign a

contract in behalf of all the hospitals." Therefore, I think that **Dr. Howard's** point of order is well taken.

Dr. Macy.—I would like see explanation to the report, and state that I voted "No" when it came up, and my reason for making that explanation was that I thought some of the members of the conference did not understand my position, and I believe that should be considered as a protest, and I wish to have it so considered, and I wish to have the minutes corrected to that extent on that proposition.

The explanation made by Dr. Macy at the conference at Lake Placid was as follows:

“ Dr. Macy.—I wanted to bring before the conference the fact that it seems to me that some things we have been getting under joint contracts could be procured at a very much better advantage if purchased individually by the hospitals. I have been reminded at the hospital by the steward that there were several of those different matters, and one that I will bring forward now is

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the matter of salt. A contract was made for the purchase of salt, and, as I remember, the contract price was \$1.50 per barrel, while recently we have been able to buy it for 85 cents at Watkins, put on boat, and I have bought eighteen barrels as an emergency on account of the epidemic for \$1 a barrel. I think our experience shows that there are a number of those things where the matter of buying by joint contract has not proven economical or wise, and I think if there is another of that sort to be made, the matter ought to be very thoroughly looked over."

Mr. Chairman.—If there is no objection on the part of the conference, the minutes will be corrected so as to permit a negative vote on the part of Dr. Macy. No objection, it is so corrected.

Dr. Macdonald.—I call for a vote on my motion.

Mr. Chairman.—I do not think that the question has any right to be put at this conference, this question of exempting any institution from the operations of this joint contract, because I believe it is a violation of the law. I believe a majority of the representatives of these hospitals determining upon a matter of joint contracts for supplies commits all State hospitals. I do not believe the law can be any plainer than it is. You can elect another chairman, but the present chairman declines to put this resolution on the ground that it is in violation of the provisions of law.

Dr. Macdonald.—I rise to a point of order, Mr. Chairman. The law as you have just read it says that the State Commission in Lunacy shall designate someone to make the contract. Has the State Commission made such designation?

Mr. Chairman.—The Commission asked the superintendents in conference to make the designation, and they have designated by a resolution the committee of stewards.

Dr. Macdonald.—That was done in advance of the specifications. The committee has held its meetings; I presume has some report to make, or has some report, whether it has been submitted or not.

n that report comes up, as I take it, the Commission, and not superintendents, shall designate one representative to sign tract. Has the Commission made such designation?

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Mr. Chairman.—That is a very simple matter. It is not the first of October yet. That can be done without any difficulty. I can say that the Commission will designate someone.

Dr. Macdonald.—Then the matter is still open and before the conference, and I insist upon the putting of my resolution.

Mr. Chairman.—Your resolution is not in order. That is the ground the Chair takes.

Dr. Macdonald.—I submitted this resolution after very careful consideration. I think I am fully informed as to the legal bearings in the case. I submitted it with the knowledge of my managers, the president of whom, Judge Howland, I presume, is fairly entitled to consideration. I urge my motion once more.

Mr. Chairman.—The Chair declines to put your motion on the ground that it is a violation of the law.

Dr. Macdonald.—It seems to me that the point is lost sight of. I am not objecting—I am not disputing the right of the superintendents to make this contract for my hospital, if they see fit. It is still in their hands, and I am submitting my hospital and myself to them. My board of managers and myself, however, object most strenuously to it.

Mr. Chairman.—I claim that it is not in the option of the superintendents to exempt any hospital from the operations of this joint contract law. I do not believe that they have any right to exempt any hospital.

Dr. Macy.—At the last conference the question came up as to whether certain items should not be left out as not being advantageous. I made the point that while it might be advantageous to make certain purchases on joint contract that our experience was that there were a great many things that worked to the disadvantage of Willard, and that I did not think the law intended anything except benefit, and did not include hospitals that would not be benefited, and if the others would be, that would be complying with the spirit of the law.

Dr. Mabon.—I think I said that the committee had the power to leave out or to except certain articles. They could enumerate the articles.

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Dr. Macdonald.—That is it precisely; that the committee can leave out one hospital as to one thing, and if that is so, why should not Manhattan be left out as regards to all?

Mr. Chairman.—I think the committee exceeded their powers, if they did that. They can leave out an article for all the hospitals. For instance, if they find that salt is not a proper article for a joint contract, they can leave it out, not put it in the joint contract, but they cannot leave it out of three institutions and apply it to the other eight. Let the eight institutions make their contract, but it does not enter into the joint contract.

Dr. Mabon.—I wrote to the committee in regard to certain articles which I thought should be left out, and I asked them where they got their authority to purchase certain articles, and they said that we need not give them the quantities that we required of certain things; if we did not want to get hams or bacon, if we wanted to get them elsewhere, we need not specify them. That was a letter of Mr. Gillespie, of the Hudson River State Hospital.

Dr. Macdonald.—In view of the failure of the committee to report, and of the difference of opinion as to the committee's powers, and of the expression of belief on the part of the president of the conference that the committee has done certain things that it was not supposed to have done, and has exceeded its powers, I move that the entering into of this contract be deferred until the next conference, and the committee so instructed.

Mr. Chairman.—The period begins on the first of October. I do not see how we could defer it for two months. The general subject of joint purchases, with the application spoken of by Dr. Mabon is permissible for discussion.

Dr. Mabon.—That came up as a result of Dr. Macy's statement the last time, and was so understood by the conference, that the committee had the power, if salt could be purchased by Dr. Macy to better advantage than by contract, that Willard should get the advantage of that, and to leave it out of the joint contract. In view of that fact, I wrote about certain things to the committee, and they wrote back that it was not necessary to put those things

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in if we did not want to get them under joint contract, and the result is that there are a few articles that we did not specify.

Mr. Chairman.—I suppose you might do that, but it would be a violation of the regulations, owing to the fact that you are assumed when you make out your statement that you are giving all the articles named that the hospital will use during the period specified.

Dr. Mabon.—The [redacted] in regard to specifying bacon and ham, which [redacted] better advantage. We get a general price on [redacted] and ham, and if we should separate them, they [redacted] on beef so high that it would be almost pr [redacted]

Mr. Chairman.—[redacted] of one or more articles is quite a different thing [redacted] of the whole.

Dr. Mabon.—I [redacted] the law says that all the hospitals shall get [redacted] contracts.

Dr. Talcott.—It se [redacted] every hospital should be permitted by a general [redacted] it can do better on one article or half a dozen [redacted] have the privilege of doing the best it can for the State in making purchases and to get the benefit of the lowest prices.

Mr. Chairman.—If it is possible for one hospital, why is it not possible for all? That is the principle that underlies.

Dr. Talcott.—There are some things you can buy to advantage by combining, and there are other things you can buy without combining to just as good advantage. Flour in different parts of the State is quoted at different prices.

Dr. Mabon.—We went over the prices of different things, and in some cases we could have bought at a less price, but averaging things up, we were benefited by the joint contracts.

Dr. Macy.—It seems to me that Dr. Talcott brings up a point that is worth considering. It is a question, after all, of benefit, and I do not see why, when the intent of the law was benefit, and this came up primarily for the purpose of allowing us to make these contracts where we found that we would be benefited, there is any reason for forcing us into matters where it would not be a

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benefit, and therefore I would like to second Dr. Macdonald's resolution, because in the case of the present list, the objection would apply in further particulars than bacon or ham or salt.

Dr. Howard.—It seems to be overlooked that this was not gotten up for the benefit of the hospitals. We distinctly understood, and have understood from the very beginning that this system was gotten up for the purpose of preventing the hospitals from buying in their localities as they chose. It was not gotten up for the benefit of the State, or for the benefit of the hospitals. It was not done for that purpose, or with that object or idea, but it was done as a part of the scheme to squeeze the hospitals in the conduct of their affairs, and has accomplished its purpose. It is the law, and it should be obeyed, and must be obeyed, and no matter if the State does lose money at it. It accomplishes the purpose that was intended; that the Comptroller has published throughout the entire State again and again; that the institutions were in the habit of buying in their localities, and in making of the State hospitals local institutions, when in fact they belonged to the entire State, and this joint contract business was the outgrowth of that discussion, of that line of thought, and not the outgrowth of any effort on the part of anybody to get for the State better supplies or to get for the State supplies at less prices. Now as it is on the statute book, it seems to me that it is the best way for us to carry it out and execute it, without getting into any ill-feeling between ourselves. I hope some day that it will be wiped from the statute books.

Dr. Macdonald.—While it is on the statute books, it was not put on the statute books through the Insanity Law or Lunacy Law, or in any other way except surreptitiously in the appropriation bill at the very last moment when it could not be opposed, and sneaked through in that way. I would like to say that the result of the joint contracts with the Manhattan State Hospital has been unfortunate; I want to put it as mildly as I can; that some of the purchases have been acceptable, but others have been opposed to and directly antagonistic to the interests of the hospitals and of the State, and that they have resulted in loss to the State.

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Mr. Chairman.—I suppose the Chair will act on this matter. I should prefer to do so without discussion.

Dr. Macdonald.—I understand it is ruled by the Chair that my motion, although seconded, is not acceptable.

Mr. Chairman.—I think it is out of order, on the ground that it is a violation of the law. That is my position.

Dr. Mabon.—I move that a committee be appointed to receive protests in regard to joint contracts, and find out what the objections are, and consider this matter. To make the contracts this time, and then consider the protests and find whether some better scheme cannot be evolved.

Seconded by Dr. Palmer.

Dr. Hurd.—I simply ask if it is the intent of this resolution—which is somewhat vague in its phraseology—that the committee should determine whether it is really for the interest of the hospitals to continue the contract system or not?

Dr. Mabon.—That is the idea exactly.

Dr. Hurd.—This law is not mandatory. The law simply says that the representatives of the hospitals may do so, if they want to do it. If this committee finds out that it is not to the advantage of the State, will they make that report?

Dr. Mabon.—If the objections are greater than the advantage, to discontinue it.

Dr. Macdonald.—I move as an amendment that in the opinion of the conference the making of such contracts is not conducive to the interests of the hospitals and the State.

The amendment was seconded by Dr. Macy.

The question was put on the amendment, and declared by the chairman to be lost.

Dr. Macdonald asked for a showing of hands.

The result was as follows:

Ayes.—Arthur, Macy, Macdonald, Talcott—4.

Noes.—Pilgrim, Hurd, Mabon, Wagner, Dewing, Palmer—5.

Declined to vote: Howard.

The chairman declared the amendment lost.

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The question was called and put on the original motion and adopted.

Dr. Hurd.—Was it mentioned in the resolution when the committee was to report?

Dr. Mabon.—Before the next conference. I think the committee should send a copy of their report to each member of the conference, so that they can come to the conference prepared to discuss it.

The chairman appointed as such committee Drs. Mabon, Hurd and Dewing.

The committee of three stewards appointed to investigate the matter of establishing uniformity in the matter of materials for boots and shoes manufactured at State hospitals submitted no report.

Mr. Chairman.—The committee on six months' purchase of supplies has reported and that settles the entire question for the next six months. The contracts have been made legally, in accordance with law, and with the approval of this conference of superintendents, so far as that question applies to the supplies here contracted for it is settled for six months to come.

Dr. Pilgrim.—It seems to me, however, that in spite of individual objections we are only following after business ideas in joint contracts, and I do not see how we are going to get out of it.

Mr. Chairman.—If the joint contract system should be done away with, you would see in the city of Albany a depot to which you can send for supplies when you want any. As the Commission has told you, time and time again, it is that very central purchasing agency we wish to avoid. As soon as you get that you are going to have a lot of scandal, and you are going to have a lot of stealing probably.

Dr. Pilgrim.—Supposing one institution can buy salt a little cheaper, if it is for the interest of ten institutions, what if one institution does lose a bit?

Dr. Mabon.—This does not mean that we are going back on the contract system.

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Mr. Chairman.—I simply tell you that it would not be a bit of a surprise to me if you had it this winter, and you will surely have it if you go to putting arguments against joint contracts for supplies.

Dr. Pilgrim.—I think so, too.

Dr. Hurd.—On the contrary, it seems to me that the tendency of the joint contract of supplies is right in the direction of a central purchasing agency, that is, between the individual purchases by hospitals and a central purchasing agency a joint contract is a step between the two, and not a step further away from it.

Dr. Wagner.—I would like to just mention this matter as one straw showing the drift of this whole thing. I find that there are some other hospitals as favorably situated paying eight cents or more a pound for beef. We have a contract with Armour & Co., at Binghamton, individually for \$6.69. Now if we were in a joint contract with other hospitals, we would pay one or two cents more a pound.

Mr. Chairman.—I know it, if it was agreed by the superintendents that beef was a proper article for joint contract. Now under this law they have got the privilege of saying what is a proper article for a joint contract. Beef is one of the things that is not. In fact there is no perishable article in these staples articles we have been getting under joint contracts. Perishable articles are outside, and that brings up a question. We will state the order of business now as general and miscellaneous, and I might as well state this directly in this connection, and I had a memorandum here by which I was going to submit a proposition to the superintendents that the stewards throughout the State take alternate periods for making purchases of certain supplies for the whole State. For instance, in the matter of hay and feed, let Mr. Wheeler take the articles under Farm and Grounds, and make the purchases for the whole State for one period.

Dr. Hurd.—Isn't that a central purchasing agency?

Mr. Chairman.—It takes the place of a central purchasing agency.

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Dr. Pilgrim.—It forestalls it. It keeps it in our hands instead of putting it in the hands of other people.

Mr. Chairman.—You could take it right here in the city of New York. Mr. Cole has on several instances been approached in regard to the purchase of hay: "Why don't you go up in the country, three or four hundred miles, and get your hay, and make arrangements to have it shipped down here," and the invariable answer is that he cannot possibly get the time to attend to that, and it is so. There are twelve stewards, and each has got to go individually and look up his own price on hay or grain, or whatever it may be, in order to make a purchase, whereas one man could do it for all the stewards for one period, and another man could do it for another period, and so on, and in that way they could take time enough to get the very best prices, the very best transportation charges, and not only be relieving the several hospitals of a very large amount of work, but could reduce the chances of a central purchasing agency, and it is in the hands of the hospitals and not in the hands of men down in Albany, and there is a mighty sight of difference in that. I give you notice, gentlemen, that if you do not do something, or if you continue to bring up arguments against joint contracts or against methods of buying supplies for these institutions that are substantially that, if you do not do something of that kind to get them as cheap as possible, and in that way do away with arguments for a central purchasing agency, you are surely going to have it. There is the handwriting on the wall.

Dr. Pilgrim.—If we buy of local dealers, we pay excessive prices.

Dr. Mabon.—I think that if you take any institution that the books would show that they do not confine themselves to local dealers, but go to the New York market, and the markets of Ialoo, Rochester and other large cities. If they can buy of local dealers cheaper they can do it.

Pilgrim.—And the tendency is to think they can whether can or not.

Chairman.—I think every steward in the State purchases to

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the best advantage from his point of view. I should not be inclined to think otherwise, but it must be admitted by everybody that you can buy one hundred units cheaper than you can buy ten units; that instead of having ten men look up ten units each you allow one man to look up one hundred units, you are saving not only time, but you are getting better prices. There is no doubt about that; that argument is unanswerable. It is the foundation of business in the metropolitan towns, and just as soon as a man tries to bring up arguments against it, he shows his ignorance, or there is some other motive behind it.

Dr. Macdonald.—I will say that while I admit the ignorance, I also admit the motive. My motive is to prevent the State hospitals suffering through these contracts by being forced to buy at higher prices than we can buy locally. I can state and will state at the proper time, where the State has been robbed.

Mr. Chairman.—What redress would you have if there was a central purchasing agency?

Dr. Macdonald.—But I would just as soon have a central purchasing agency—somebody appointed by the Governor, as I would someone, such as Dr. Wise has suggested, the steward of any one hospital.

Mr. Chairman.—Your steward has been on all these committees.

Dr. Macdonald.—Against his will and against my will. I say that the effect and result to the hospital has been in several instances such as I have stated.

Mr. Chairman.—It is not instances occurring here and there. It is what the average results are.

Dr. Macdonald.—I shall recommend to the committee that the printing of the minutes be transferred from the Utica State Hospital to the Manhattan State Hospital, and I think I can say that I will give you the minutes within a week from the time they are received at the hospital.

Mr. Chairman.—I do not believe that you are in any frame of mind to accept this proposition that I mentioned, or even to discuss it—the proposition that I had down here to make to you

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in regard to the stewards making some of these purchases. I was going to suggest to the conference that probably it might be well to try the experiment with some minor articles, such as hay and straw. We get all sorts of estimates. The Manhattan Hospital estimate for hay was \$16, the highest estimate was \$18 and some as low as \$13.50. Now, I want to go on record as submitting this proposition to the conference. I do not ask you to take any action at all. I believe, and so does my colleague, Mr. Parkhurst, that this would be a good thing and would result in saving money for the State.

Dr. Macdonald.—I move that it be referred to the committee already appointed.

Seconded by Dr. Macy and adopted unanimously.

Mr. Chairman.—That disposes of the matter.

Dr. Macdonald.—I might say that the poorest hay we ever had we got from Gowanda, although a second lot from there has been better. I think we have a letter from the institution saying that the first lot was not very good, but that the second lot was better.

Dr. Arthur.—The first lot was grown before I went up there.

Dr. Talcott.—I want to ask about this leave of absence blank that we have. I wrote to the Commission for an explanation of it the other day, and received word that it would be brought up at this meeting. It is in regard to this leave of absence record of officers, whether it should be long or short, whether every absence of more than an hour should be noted, or what should be the rule.

Mr. Chairman.—You mean in regard to what should be recorded. The rule we had at Ogdensburg—I think the one that is there now—was that if an officer was away over night, it was recorded.

Dr. Mabon.—That is the ruling I made in regard to this matter.

Talcott.—If he is off an afternoon, it does not count?

Mabon.—That does not count. He keeps a record of that institution book.

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Dr. Pilgrim.—What if I go to New York in the morning and come back at night?

Dr. Macdonald.—I think that blank is likely to make trouble. I should like to have further information about it. I should like to know if every time that Dr. Pilgrim or Dr. Howard drives off in his coach with the State arms, if the time is to be recorded every time he passes out of the gate and when he comes back the time he returns. [redacted] es to everyone. I do not suppose there is any [redacted]

Dr. Howard.—As [redacted] says resident officers, and at the bottom it requires [redacted] Now a man dislikes to sign a certificate that [redacted] the superintendent, of course, is a medical [redacted] e blank does not bear on its margin any approval [redacted] commission in Lunacy. I do not know whether [redacted] ve any such approval appear on it or not.

Mr. McGarr.—On [redacted] the Commission this is unnecessary.

Dr. Macdonald.—I think each hospital has a record that is available and sufficient for all purposes. I am free to say that I think this blank is rather an affront to the superintendents.

Dr. Macy.—I would like to say that at Willard we knew no more about it than the rest, but we got out a supply, and I suppose the rest did. We thought we had a good and sufficient record in the institution of employees' and officers' absences.

Dr. Howard.—If absences of a half a day or two-thirds of a day are not to be counted, and we are only to count those times we are away over night, the blank ought to be changed; we ought not to be required to certify to a thing that is not true.

Dr. Talcott.—They are made out to show the hour and date of going and coming back.

Dr. Macdonald.—I might say that we have a double record at our place. For instance, it would show, taking for example, Middletown, that Dr. Talcott left at two and got back at seven on the gate book, and on the stable book that Dr. Talcott took out the carriage at two and got back at seven.

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Mr. Chairman.—I wish to take the entire responsibility for that form, in the first place, and I am not ashamed of it in the second place, and it has a distinct purpose, which I will now state. When a member of the Legislature, or of the State government, comes to the office of the Commission, or comes to the president of the Commission, and says, not once but a good many times—and a good many different people—and makes statements about superintendents and about medical officers that to me sound scandalous in the extreme—I do not know how they would strike Dr. Macdonald—and tells me that I cannot disprove it, I try to go to work to correct it. When he says, “Here is the general superintendent of the Manhattan State Hospital averages from four to five months a year away from duty,” I have no way except of saying I do not believe it. Then he says “He takes a trip to Europe every year. Does his salary go on all the while he is gone?” I say “Yes, that is the custom.” “How long is he gone,” he says, I reply, “three or four weeks.” He says, “Just show me what record you have got to show how long he has been gone.” I state “You can probably get that information from the general superintendent.” Well now the statement has been made that assistant physicians, assistant medical officers, average from sixty to seventy days a year away from the hospital. I do not believe that, but it is well known to me that every hospital in the State keeps a record showing how long the resident officers are away and I cannot to save my life see any objection to their keeping that information in a uniform manner, and to reporting it to the Commission. If they are ashamed or afraid, or for any other reason do not want to report it to the Commission, it is in itself a very suspicious circumstance, and then the Commission should surely insist upon it, but I do not believe that is so. I believe superintendents simply have a certain feeling that their privileges are invaded, when you ask how long they themselves their staff are away from the hospital. You say you cannot say how long Doctor So and So and Steward So and So is from the hospital. You certify to every one of your esti-

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mates. Are you satisfied to your own personal satisfaction except upon the hearsay of this officer or that that every article is absolutely needed? You have to take some things, of course, on hearsay, just the same as you would take this. You may bring up all sorts of objections to this plan, but there is nothing in this plan that does any harm, and there is nothing that any of you ought to be ashamed to report; there is nothing that any superintendent ought to be ashamed to certify to, or but what he ought to be able to certify to, because this is one of his duties as superintendent, and no amount of the kind of argument that has been used here this morning will deviate the Commission from insisting that that information shall be reported. We do not ask you to restrict anybody, but you may go on and do just as you have done heretofore. We merely want to get a record in our office in order to answer criticisms for one purpose, and another is to see if those criticisms are well founded. Now if you can see any harm in it except this badinage that you have had this morning, which does not affect me in the least one way or the other—I am getting used to it—why it will be amended.

Dr. Howard.—You do not answer whether this will require a record of an hour's absence or not.

Mr. Chairman.—Each superintendent can exercise his own judgment.

Dr. Howard.—He certifies at the bottom it is a complete and full report, and if he leaves out part of it, he certifies to what is untrue.

Mr. Chairman.—It is a complete and full record of what is recorded. Probably the practices are different in certain hospitals, which I think is the case. I think the practice with Dr. Mabon, and which was started at Willard, was, that if an assistant physician was gone over night, he would put it down in the daily journal, and if only a portion of the day it was not. I think that was the rule. If you wish to report every hour, of course the commission does not object to your doing so. The superintendents can exercise their own judgment in regard to it.

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Dr. Macdonald.—I would like to say that if it is to be of value for any purpose whatever, it must be made upon a uniform point of departure, if it is going to be adopted. If it is left to the judgment of the superintendent whether he put in one, two or three hours, or only where an officer is absent over night, there will be no uniformity, and the record will be of no value. We have no difficulty, because leaving our hospital means crossing the river, and the time of crossing and return is recorded, and has been for the last thirty years, and I can tell these gentlemen who made these very wholesale statements just when and how long I have been away from the hospital. In regard to this matter of going to Europe, which Dr. Wise was very particular to mention, I might say that he fails to remember that a glance at the records at Albany, of which Mr. McGarr is supposed to have charge, would show just when I went and how long I stayed. I invariably report to the State Commission in Lunacy when I go and who represents me in my absence. In regard to this matter of one superintendent electing to put down everybody who is gone for an hour, and another electing to put down those gone for three hours or over, it is something like the corn flour and bread plan. We carried out the instructions of the Commission explicitly, and were laughed at afterwards. One said that he used five per cent, another fifteen, and another twenty per cent, and some none at all, although that was supposed to be a uniform thing. Now if we are to have this blank, for heaven's sake let us have some understanding about it, and make the blank a uniform one for all the hospitals. As for preparing this for defence in case of possible attack, I haven't any possible objection personally, but I think it is an undignified thing to do. I do not believe there is any crime in the decalogue that the superintendents have not been accused of, cruelty to patients, drunkenness and everything else, and if we have got to be prepared against charges of cruelty to patients, why not send a blank once a week or once a month that we have not struck a patient within that particular

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period, if that is the only purpose to forestall possible attacks, and so with the other charges.

Mr. Chairman.—That would be an entirely proper blank, if we felt sure that they did it.

Dr. Macdonald.—We are accused of those things just as much as we are of this excessive absence.

Dr. Wagner.—I would like to say, first, that it has been the practice at the Binghamton State hospital, as it was at Utica a great many years before I went to Binghamton, to record in a book called the Register of Absences of Officers when they went out of town, the hour and train that they take when they go out of town, and the train when they return, and other absences have not been recorded. I would like to offer this as a resolution that absences from the town in which the hospital is situated be counted as absences from the hospital, and that the occasions when they go out for an afternoon on a wheel or to play golf or something of that sort be not considered as absences from the institution, because the general rules keep them on the premises until a certain hour in the afternoon, and the business is then supposed to be practically done.

Mr. Chairman.—Why wouldn't being away all night serve the same purpose?

Dr. Mabon.—A man might be away from the hospital two weeks and not be out of town.

Dr. Wagner.—I desire to say that it is practically unknown on our staff at Binghamton for a man to be absent over night unless he goes out of town.

Dr. Pilgrim.—Now, while we are on this subject, I think it ought to be stated that, even though we are absent, say, fifty-two days in a year, that would only be equivalent to the number of Sundays that men in any ordinary business would have. We are on duty 24 hours a day and 365 days a year, and if we should record our absences on 52 Sundays, it would look very great, and yet would not be any more than an ordinary man would have, and not nearly as much as the clerks in your office would be away.

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We are on duty evenings, and I think that when these impertinent questions are asked of the Commission that this ought to be called to the attention of the inquisitors.

Mr. Chairman.—There is no regulation that has ever been suggested regarding the time that superintendents shall be absent—not the least.

Dr. Pilgrim.—What I am trying to get at is this, that a statement of the time we are absent would look very big, and yet would not be equivalent to the time an ordinary man would have.

Dr. Talcott.—When we are away on vacation we are in communication with the hospital by letter or telegram, and a superintendent does a good deal of business.

Dr. Pilgrim.—I do as much business on vacation as I do at home.

Dr. Van Gieson.—I would like to ask if this applies to the institute as well as to the State service.

Mr. Chairman.—It does not, but there is no objection to your keeping it.

Dr. Van Gieson.—We prefer not to.

Dr. Hurd.—I should like to amend the motion of Dr. Wagner so as to apply to absences over night.

The amendment was accepted by Dr. Wagner, and the motion as amended was unanimously adopted.

Dr. Hurd.—I do not see why it should not apply to the Pathological Institute. We are physicians employed by the State, and have our place of work, and they are physicians employed by the State, and have their place of work, and I cannot see why it should apply to us and not to them.

Dr. Macdonald.—I am at a loss to understand why the same thing which applies to Ward's Island should not apply to the Pathological Institute.

Dr. Van Gieson.—I protest against this thing. The Pathological Institute is not a hospital, and I beg you to consider that it cannot be—

Mr. Chairman.—Do you insist on making a statement, Doctor? It has been stated that it did not apply to the institute.

Bi-Monthly Conferences

Dr. Palmer.—I would like very much to have an expression from the superintendents with regard to allowing employees of the hospital legal holidays as brought up in connection with the two legal holidays that are about to be brought upon us, Friday and Saturday of this week.

Dr. Howard.—I move you that the discussion of legal holiday absences be laid on the table indefinitely. We have given up several days to it in the history of this conference, and always ended in a squabble and never accomplished anything.

Dr. Macdonald.—We have got an exhibition of fire-works on Friday night, and a lot of suspicious strangers in town—apart from yourselves, of course—and it is really more important for us to have our employees there for these two legal holidays than any other two days in the year. I think that that matter better be not brought up just at this time.

Dr. Palmer.—I have a telegram here which seems to bring the matter up.

Dr. Macdonald.—If I got any such telegram the wires would be down.

Mr. Chairman.—It is worth something to learn some of the practices of the Manhattan State hospital. This question seems to be brought directly to Dr. Palmer, and he thought he would probably get some counsel, if nothing else, in regard to the practices elsewhere. I am perfectly free to say that the position I took with Sundays, holidays, nights and any other time was that they were to be observed by the employees in the discharge of duty, provided the interests of the hospital demanded it, and I have never yet failed to get such service, if I demanded it.

Dr. Palmer.—I have already asked privately an expression of opinion in regard to this matter, and I find that the practice differs quite considerably in different hospitals. Certain superintendents have informed me that holidays are not to be observed, while other superintendents have informed me that they do not consider that they have any right not to observe them on every occasion because they are legal holidays.

Bi-Monthly Conferences

Dr. Talcott.—You cannot let off everybody. You have got to keep enough on hand to run the institution.

Dr. Macdonald.—I move we adjourn.

Mr. Chairman.—I think your only relief, Dr. Palmer, is to get the individual experience of the superintendents. I do not think they are inclined to take any action here to relieve you.

The motion to adjourn was seconded by Dr. Macy, and adopted.

On motion, adjourned.

CARROLL F. SMITH,
Secretary of the Conference

CHAPTER 8

REVIEW OF STATE HOSPITALS

OPERATIONS OF STATE HOSPITAL SYSTEM

Medical service

INSTITUTIONS	Number of physicians	Ratio of physicians to patients	Annual per capita cost of medical service
Utica State Hospital.....	6	1 to 183	\$10.92
Willard State Hospital.	11	1 to 205	7.735
Hudson River State Hospital	10	1 to 205	8.224
Middletown State Homeopathic Hospital	8	1 to 153	10.896
Buffalo State Hospital	10	1 to 211	6.71
Binghamton State Hospital	9	1 to 149	11.08
St. Lawrence State Hospital	8	1 to 184	9.741
Rochester State Hospital	5	1 to 112	18.39
Long Island State Hospital	15	1 to 225	5.74
Manhattan State Hospital	43	1 to 135	10.593
Gowanda State Hospital.....	3	1 to 106	28.33
Total	128	.....	.....
Average	11.6	1 to 170	\$9.066

Operations of State Hospital System

Employees

INSTITUTIONS.	Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Annual per capita cost of all employees
Utica State Hospital.....	225	1 to 4.884	1 to 8.59	\$72.061
Willard State Hospital.....	471	1 to 4.78	1 to 10.61	64.02
Hudson River State Hospital..	442	1 to 4.65	1 to 7.67	68.052
Middletown State Homeopathic Hospital.....	267	1 to 4.6	1 to 8.08	69.304
Buffalo State Hospital.....	337	1 to 5	1 to 8.83	62.10
Binghamton State Hospital..	313	1 to 4.2	1 to 7.1	71.21
St. Lawrence State Hospital..	351	1 to 4.19	1 to 7.59	53.40
Rochester State Hospital....	119	1 to 4.73	1 to 7.71	70.93
Long Island State Hospital..	676	1 to 5.04	1 to 9.18	59.14
Manhattan State Hospital ...	1,090	1 to 5.35	1 to 8.60	58.109
Gowanda State Hospital . . .	76	1 to 4.2	1 to 10.63	98.936
Total.....	4,367	.....	.....	.....
Average	397	1 to 4.693	1 to 8.6	\$62.888

Fuel and light

INSTITUTIONS	Total annual cost	Annual per capita cost	Number of tons consumed	Average purchase price
Utica State Hospital....	\$12,727 98	\$11.581	4,974	\$2.419
Willard State Hospital..	21,757 30	9.666	11,511	1.89
Hudson River State Hospital.	36,516 72	17.761	11,413	3.073
Middletown State Homeopathic Hospital.....	15,409 05	12.548	5,605	2.609
Buffalo State Hospital...	12,358 07	7.33	11,847	.978
Binghamton State Hospital.....	22,923 95	17.09	12,020	1.81
St. Lawrence State Hospital.	34,493 41	23.425	11,299	2.999
Rochester State Hospital.	10,304 38	19.19	3,558	2.97
Long Island State Hospital	52,035 26	15.277	19,961	2.517
Manhattan State Hospital	92,328 10	15.844	29,129	3.169
Gowanda State Hospital.	5,013 27	23.193	3,341	1.29
Total.	\$315,867 49	.....	124,658	.....
Average	\$28,715 22	\$14.777	.....	\$2.339

Operations of State Hospital System

Deaths—Exclusive of transfers

INSTITUTIONS	On number admitted	On average daily popu- lation	On whole number treated	On number discharged
Utica State Hospital.....	29.80	8.22	6.68	37.59
Willard State Hospital.....	73.71	6.3	5.6	52.50
Hudson River State Hospital...	43.87	11.14	8.97	45.71
Middletown State Homeopathic Hospital.....	38.14	6.68	5.74	34.02
Buffalo State Hospital.....	31.8	7.4	5.39	39.4
Binghamton State Hospital.....	45.34	8.72	7.33	46.06
St. Lawrence State Hospital....	39.9	9.03	7.55	47.5
Rochester State Hospital.....	27.53	10.12	7.32	33.33
Long Island State Hospital.....	50.23	6.25	4.83	31.88
Manhattan State Hospital.....	39.27	9.23	6.80	22.52
Gowanda State Hospital.....	.05	.0018	.0011	.0952
Average	38.15	7.55	6.02	35.42

Recoveries—Exclusive of transfers

INSTITUTIONS	On number admitted	On average daily population	On whole number treated	On num- ber dis- charged
Utica State Hospital.....	22.94	6.36	5.14	28.92
Willard State Hospital.....	29.38	2.9	2.2	22.62
Hudson River State Hospital...	23.37	5.84	4.69	23.95
Middletown State Homeopathic Hospital.....	36.74	6.43	5.53	32.78
Buffalo State Hospital.....	23.24	5.16	3.7	28.4
Binghamton State Hospital.....	23.25	4.47	3.75	23.62
St. Lawrence State Hospital....	25.83	6.31	5.28	33.21
Rochester State Hospital.....	19.32	7.10	5.14	23.39
Long Island State Hospital.....	33.23	6.25	4.83	31.88
Manhattan State Hospital.....	12.77	3.00	2.21	7.33
Gowanda State Hospital.....	.076	.0275	.017	.143
Average	22.74	4.89	3.86	23.29

Operations of State Hospital System

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State Hospitals during the year ending September 30, 1899

ARTICLES	UTICA		WILLARD		HUDSON RIVER		MIDDLETOWN	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound	\$0.0723	\$12.94	\$0.0834	\$13.43	\$0.081	\$19.253	\$0.08	\$17.849
Poultry	3.14	.184	3.067	.239	.121	.317	.115	.466
Wheat flour, per barrel	3.14	4.784	3.067	5.91	3.181	7.585	3.181	8.765
Butter	1.223	7.734	1.201	7.91	.181	7.546	.19	8.173
Cheese .....	.0768	.594	.08	.945	.048	.574	.099	.673
Milk, gallon .....	.10	5.19	.10	4.53	.111	6.691	.105	7.649
Eggs .....	.149	.839	.153	2.83	.161	4.834	.166	2.954
Tea .....	.227	.92	.261	.812	.253	.949	.274	.395
Coffee .....	.11	1.18	.11	1.54	.114	1.694	.118	1.826
Sugar .....	.0336	2.857	.0338	2.88	.049	2.713	.053	3.039
Liquors, distilled, per gallon	2.06	.326	1.842	.163	1.914	.568	2.134	.15

Operations of State Hospital System

Statement showing average purchase price, etc.—(Continued)

ARTICLES	BUFFALO		BINGHAMTON		ST. LAWRENCE		ROCHESTER	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.0634	\$12.46	\$0.067	\$13.90	\$0.0701	\$14.454	\$0.0616	\$9.87
Poultry	3.70	4.27	3.711	4.81	3.786	4.47	3.60	3.39
Wheat flour, per barrel.....	.184	7.347	.153	8.87	.1892	8.08	.182	3.58
Butter.....	.092	1.286	.102	.63	.0865	.939	.086	6.78
Cheese .....	.107	2.46	.116	6.69	.10	8.622	.15	7.42
Milk, gallon .....	.154	3.104	.153	3.37	.1057	3.353	.1575	1.335
Eggs.....	.256	1.09	.223	3.78	.3473	1.018	.2468	1.80
Tea.....	.11	3.12	.110	1.18	.11	1.589	.11	1.309
Coffee.....	5.04	3.12	.033	3.08	.134	3.038	.134	2.524
Sugar	1.91	.169	1.831	.80	1.76	.103	1.79	.154
Liquors, distilled, per gallon.....								

Operations of State Hospital System

Statement showing average purchase price, etc.—(Concluded)

ARTICLES	LONG ISLAND		MANHATTAN		GOWANDA		ALL HOSPITALS	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.0725	\$11.917	\$0.079	\$17.141	\$0.08	\$15.785	\$0.0722	\$14.95
Poultry.....	.1191	8.508	.118	8.585	.10	8.25	.12	8.46
Wheat flour, per barrel.....	3.2731	8.171	3.598	4.874	3.375	8.376	3.441	4.48
Butter.....	.1929	6.50	.307	8.713	.186	9.488	.31	7.88
Cheese.....	.08401	1.016	.065	.877	.066	.749	.091	.96
Milk, gallon.....	.14	.744	.135	6.405	.13	7.67	.117	8.64
Eggs.....	.16338	2.741	.199	4.379	.147	2.338	.1643	3.33
Tea.....	.24901	1.665	.247	1.788	.26	.91	.2487	.53
Coffee.....	.11	1.549	.11	1.614	.11	1.49	.111	1.45
Sugar.....	.03129	1.935	.08	3.979	.083	3.37	.083	2.79
Liquors, distilled, per gallon.....	1.31143	.121	1.796	.043	2.06	.38	1.911	.20

CHAPTER 9

REPORT ON DIETARIES FOR HOSPITALS FOR THE INSANE

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REPORT

The tenth annual report of the State Commission in Lunacy (for 1897-8) contains a report on dietaries for hospitals for the insane and dietaries, summaries of food materials used in state hospitals as shown by the records of the State Commission in Lunacy, gave estimates of the amounts of nutritive ingredients in the food thus supplied per person per day in each hospital and in the system as a whole, and compared these figures for food supply with those for food supplied and consumed in other institutions and by people of various classes as shown by dietary studies in the United States and elsewhere. On the basis of the general information regarding the physiological requirement of people of different classes, a tentative estimate was made of the amounts of nutrients which may be required by the hospital population. The final results of this inquiry, as expressed in nutrients and energy per person per day or per man per day, were summarized and are repeated in Table I on page 254 of the present report. The general inferences as set forth in the preliminary report referred to may be concisely summarized as follows:

1. Taking the statistics of food supply of 1897-8 as a basis the quantities were much in excess of the actual demands of the hospital population for nourishment.

Dietaries for Hospitals for the Insane

2. It would probably be possible to make a considerable reduction in the food supply and at the same time improve the diet of the hospitals.

3. To accomplish this most satisfactorily would require two things. The first would be more definite information as to the actual requirements of such a population for nutriment. This information would form the basis of a dietary standard. The second would be an improvement in the methods of selecting, cooking and serving the food.

It was explained that these statements were made, not in a spirit of criticism, but simply as indicating that here, as in countless other cases, there is opportunity for improvement; that such improvement must be gradual, and that it can be made very useful to the institutions concerned.

Especial emphasis was laid upon the fact that the suggestions were tentative and that much further study would be needed before it would be safe to draw up a definite and final dietary standard. It was also urged that in working towards the desired improvements, consideration should be given not only to the improvement of the dietary from the standpoint of the welfare of the hospital population but also to the lowering of the pecuniary cost.

**SUBJECT AND RESULTS OF INQUIRIES DESCRIBED IN PRESENT
REPORT**

The work described in the present report represents the second step in the needed investigation. Its chief feature is a study of the amounts of food actually eaten by the hospital population and a comparison of these amounts with the amounts purchased and those served at the table. The results of these dietary studies confirm with emphasis the statement in the previous report that the amounts supplied much exceeded the actual demand for nourishment. They do not yet show exactly what is this physiological demand but they help indicate how it may be determined. They

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also help to bring out more clearly the ways in which the dietaries may be improved while the cost is diminished. They lead to a number of inferences, among which are the following:

1. The physiological demand for nourishment, which should be the basis of a dietary standard for the hospital dietary, can be found out only by actual observation and experiment.

2. The actual food supply must be in excess of this physiological demand, the difference between the two being found in the inevitable shrinkage and waste in the store room, kitchen and dining room.

3. The actual shrinkage and waste are much larger than is commonly supposed. They can be reduced by improved methods, especially those of cooking and serving the food.

4. In like manner, the food may be made more attractive to the eye and the taste, more nutritious, and better adapted to the special wants of patients of different classes.

This does not imply that there is anything especially bad in the present management and methods or that there is call for radical or sudden change. It means that the condition of affairs in this department of the hospital service is just what is found in the different departments of many large establishments, as in manufactories and railroads, where the progress of the times demands better equipments, accommodations and products, and closeness of competition and increasing needs require more careful economies. The increase of the scientific knowledge and practical experience shows how improvements may be brought about in hospitals as well as in business and commercial enterprises. The present condition in the hospitals is not one to be especially deplored nor is any one especially to blame for the deficiencies. The improvement is simply what ought to come in the natural course of events. The only blame would be where there is failure to make the needed effort toward improvement.

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NEED OF INVESTIGATIONS OF FOOD AND NUTRITION IN PUBLIC INSTITUTIONS.

I am informed by one of the officers in charge of charitable institutions in New York that not far from 100,000 people are housed, clothed and fed in public institutions in this state, and that the care of these people costs the state about \$26,000,000 per year. Of this amount, the expenditure for food supplies varies from 20 to 29 per cent. in the different institutions, including poorhouses, almshouses, hospitals, etc. If the average is 23 per cent, the cost of food would be about \$6,000,000 annually. It is natural to ask—Are these people being fed in the best ways; in the ways that are most advantageous for them and most economical for the taxpayer? Can scientific inquiry be utilized in such ways as to improve the diet and diminish the cost? In our homes, on our farms, in our factories, in our commercial establishments, on our railroads, in our shops, in our municipal enterprises, indeed, almost everywhere, the results of scientific research are being put to practical use. It would seem that they ought to be capable of being utilized in the dietetic management of public institutions. The probability of their successful application here is rendered all the greater by the fact that during the past few decades a very large amount of scientific inquiry, and that of the highest order, has been devoted to the studies of food and nutrition. The most of this research has been carried on in Europe; but within a few years past, it has been actively developed in the United States. Investigators are at work in a considerable number of universities, schools and experiment stations. The United States Government provides an appropriation for a special inquiry in this direction which is being carried out under the auspices of the Department of Agriculture and in co-operation with scientific, educational and philanthropic institutions in different states from Maine to California and from Minnesota to Alabama.

The hospitals under the charge of the New York State Commission in Lunacy have, I understand, at the present time, 21,852

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patients and, in addition, 4,495 employees. The food of these 26,347 people costs something over \$1,125,000 per year. The inquiry which the Commission has placed in my hands is being carried out on lines analogous to some of those followed in the larger inquiry just referred to and which is also intrusted to my charge. The experience gained in the government investigations has been utilized in devising and prosecuting those for the New York Commission. The results acquired in the former have been found of very great assistance in the latter. Indeed, without the results of the larger inquiry, I believe that years of costly labor would have been required to obtain information which would warrant the practical conclusions already derived from the inquiry here reported. To put it in another way, the investigations carried on by the government have made a foundation for these inquiries such as would otherwise have involved a large amount of labor and expense.

PURPOSE AND METHODS OF THE DIETARY STUDIES.

While a great deal of information has been collected regarding the average food consumption of people of different classes and conditions in ordinary life, we have extremely little exact knowledge of the amounts eaten by the insane. The statistics of the previous report showed the quantities of food purchased for the New York hospitals in the fiscal year, 1897-98. During the past year, 1898-99, the chief attention has been given to inquiries regarding the amounts actually eaten. These inquiries have taken the form of dietary studies. The results of the studies thus made are accordingly the principal feature of the present report.

General methods followed in studies of dietaries.—The general method of studying dietaries includes the determination of the kinds, amounts and nutritive values of the food materials consumed by a given person or a given number of persons during a certain number of days. The exact manner of gathering these statistics depends upon the especial conditions. In studying the dietary of a family, for instance, the observations begin with the weighing and measuring of all of the food materials in the house

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at the beginning of the experimental period, which may vary from a few days to a month or more. During this period, all of the food materials brought into the house are weighed and measured. At the end, account is taken of the material remaining on hand. In accurate experiments, the table and kitchen wastes are weighed. If especial accuracy is desired, specimens of the food materials and of the wastes are taken for chemical analysis. Since, however, we now have the results of a large number of analyses of ordinary food materials, it is possible to estimate the composition of the more common food materials from the averages of these analyses already made. The food accessories, as baking powder, essences, condiments, salt, tea, coffee and the like, though of interest, especially from a pecuniary standpoint, are practically of very little value for nourishment and are not generally taken into account in such dietary studies. The amounts of the different materials on hand at the beginning and received in the house during the experiment are added, and from this sum the amounts remaining at the end are subtracted. The difference gives the amount of the several materials actually used. If we subtract from the amounts of actual nutrients—protein—fats and carbohydrates, and the potential energy of these materials, the corresponding amounts of nutrients and energy in the table and kitchen waste, the difference will represent the amounts actually eaten. Account is kept of the number of meals taken by different members of the family and visitors, and thus we know exactly for how many meals and persons of different classes this food was used. Of course, the different members of the family will eat different amounts of food. Not only does the food consumption of individuals of the same age, sex and occupation vary, but men with light work will, as a rule, eat less than those with hard muscular labor. Women generally eat less than men and young children less than women. Using available data, certain factors have been deduced which are used to represent more or less accurately the proportional nutriment required, on an average, by persons of different ages and sexes. Thus if we take the amount consumed by a man at

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ordinary muscular work, as, for instance, a carpenter, a machinist, or a mill worker, working eight or ten hours a day, as 1, we may assume that a man with severe muscular labor will need about 1.2 as much; that a man with very light muscular labor will eat, on an average, about 0.8 as much, and that a moderately active woman will eat about the same amount. That is to say, a man sitting at a desk all day, a bookkeeper, for example, is assumed to require about 0.8 as much as a carpenter or plumber engaged in moderately active muscular labor. If his wife is engaged in such work as to involve considerable muscular exercise, she may eat as much as he, but if her occupation is mostly sedentary she will probably eat less. The children of the family of different ages will probably require 0.3 to 0.8 as much as a man at ordinary muscular work. These figures are arbitrary but are based upon the best information now available. Using them as representing the relative amounts of food consumed by the different members of the family and taking the total number of meals eaten by each member, we may calculate what would be the equivalent number of meals for a man at ordinary muscular work whose food consumption we have taken as the unit. Allowing three meals for such a man as representing an average food consumption per day, we calculate the number of days' food for such a man which would be equivalent to the food consumption of the family for a given period. If now we divide the total amount of food consumed during the period by this number of days, we get what is called technically the average food consumption "per man per day."

If the study be made in a large boarding house, the method followed will be essentially the same, but the labor will be greater in proportion as the kinds and amounts of food materials and the number of people eating them is larger.

Studies of dietaries in hospitals.—So far as I am aware, no detailed and complete studies of this kind have been made in hospitals for the insane in the United States previous to the beginning of this inquiry. Indeed, very few have been made in Europe. In lack of information as to how such studies in hospitals would

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best be made, it was necessary to develop method by experience. To this end, some time was devoted to preliminary work and subsequently, special studies were begun in the Brooklyn Department of the Long Island State Hospital. Later, the work was begun in the St. Lawrence State Hospital where it has been continued for a considerable time. It is hardly necessary here to describe the details of methods which experience has greatly developed. Suffice it to say that in order to carry on dietary studies satisfactorily, we find it advantageous to make observations of several classes of patients and employees at the same time, when, as is usually the case, they all receive their food from the same kitchen. This means, of course, a large amount of labor in weighing the food materials and the table and kitchen wastes. When the weighings have been made and recorded in the note books, the work is only begun. The calculating of the amounts of nutrients from the analyses of special food materials used or from figures of average composition of similar food materials is laborious and time-consuming, as is the putting together of the statistics and reducing them to tabular form.

In these particular studies it was not thought necessary to make analyses of food materials of which the average composition was known. It did seem, however, essential to make a considerable number of analyses of cooked foods and of table and kitchen wastes in order to find whether it would be safe to assume that the wastes had about the same composition as the food materials from which they came. Attention was also given to the methods for finding the composition of "made" or "mixed" dishes such as stews, puddings, pastry and the like. Enough analyses were made to persuade us that we could compute the composition of the made dishes and wastes with a reasonable approach to accuracy from the figures of average composition of the food materials.

One subject which has required considerable careful investigation is the composition of the cooked as compared with the raw food materials. Most of the available analyses of American food materials represent the composition of the raw food, whereas in

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the studies of hospital dietaries we have to do generally with cooked food. A considerable number of observations and analyses were made and the data thus gathered have been used in connection with those of the average composition of food materials in the raw state to draw up estimates of the composition of the cooked food. Table 1 in the Appendix gives the figures used in calculating the composition of the food materials in the dietary studies reported beyond. These figures represent the estimated percentage of nutrients and calories of energy in one pound of the materials as served at the table. Most of these materials, of course, were cooked.

COMPOSITION OF FOOD MATERIALS.—NUTRIENTS AND ENERGY.

Food materials may be compared either by their quantities (generally weight) or by the amounts of nutritive materials or nutrients which they supply. The physiological demand is commonly measured by the quantities of nutrients and the energy which they can furnish to the body. It is also convenient to use these terms in comparing the amounts of food purchased, served, eaten and rejected.*

FOOD SUPPLIED AND EATEN AND PHYSIOLOGICAL DEMAND FOR NUTRIMENT IN HOSPITALS FOR THE INSANE.

In studying the general subject of dietetics and food economy in such establishments, we have to consider:

1. *The food purchased.*—The term "as purchased" is commonly applied to the food as it is brought into the kitchen. In more accurate measurements, however, allowance should be made for the loss of food by shrinkage or otherwise in the store room. The difference between the amounts brought into the kitchen to be cooked and the amounts taken to the table and served, represent the kitchen waste.

2. *The food served at the table.*—Of the total food sent from the kitchen to the dining room, a part is not served to the people at the table but is often returned unused. The difference represents the amount actually served.

*As this report will naturally fall into the hands of many who are not specialists in physiological chemistry, explanations are given in the Appendix.

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3. *The food eaten and rejected.*—Of the total food served, part is left uneaten and is not saved for future use. This uneaten residue is here termed table or dining room waste. The difference between this and the amount served represents the amount actually eaten.

4. *The physiological demand for nourishment.*—This demand varies with different classes of the hospital population—patients and employees. The quantities of the different kinds of food materials, and of nutrients contained in them, which are actually eaten by different classes of the hospital population and by that population as a whole afford an approximate but by no means accurate measure of the physiological demand. Experiments for the study of this actual need for nourishment have been undertaken.

5. *Dietary standards for hospitals.*—In order to establish an appropriate dietary standard for hospitals, the physiological demands of the different classes of the population must be known. When we know the average demand per person of each of these classes, and the number of persons in each class in the whole population to be fed, we can compute the average demand per person of that population. A proper allowance for the food supply should provide for this demand, and in addition an amount for necessary shrinkage and waste. This total amount would represent the dietary standard upon which estimates and purchases should be based.

SHRINKAGE AND WASTE OF FOOD MATERIALS.

Between the times of purchase of food supplies and their actual consumption, there is a very material loss due to what we may designate as shrinkage and waste.

Shrinkage.—The term shrinkage is here applied to such losses as those which occur in vegetables when kept for a considerable time. Thus, potatoes not only lose in weight by drying but also shrink in size. The surface becomes rough, there is more loss of material in paring, they are less attractive in appearance and

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taste and less nutriment is obtained from them than when they are fresh. The term may also be applied to the loss which comes with decay. Other food materials lose more or less in analogous ways. The amount of this loss, of course, depends upon the care used in handling the materials and the facilities for storage. More or less is inevitable, especially in large establishments where food materials are bought in quantity and kept for considerable time without the best facilities for storage.

Waste and refuse.—It is customary to make a distinction between waste and refuse. By refuse is understood the part of the food material which is not edible. This would include the bones and gristle of meat, except in so far as they may be available for soup, the shells of eggs, the skins of potatoes and the like. The term waste is here applied to those portions of the edible part of the food which are not actually eaten. Of course it is to be understood that more or less of this so-called waste represents material which cannot be saved. Even with the best management, a certain amount of waste is inevitable.

Kitchen waste.—It is customary to distinguish between kitchen and table waste. The kitchen waste includes such things as the unnecessarily large amount of the edible portion of the potato which may be cut off with the skin in paring, the wholesome part of the flesh of meats which is left with the bone in trimming and the cooked food which adheres to the dishes, as, for instance, in the removal of corn cakes from the pans in which they are baked. That is to say, the kitchen waste is made up of so much of the edible portion of the food as is not sent to the table but remains in the kitchen and is not sooner or later sent to the dining-room. The total amount of this waste may be large even when the individual components are small.

Dining-room waste.—By this is meant that part of the food which is actually served at the table but is neither eaten nor saved for future use. This includes both the material left on the large plates and platters in serving and that remaining on the individual plates uneaten. Some of this material is rendered unfit for use by the handling. More or less of it is wholesome

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and can be utilized and much of it is carefully saved. A large source of table waste comes from the failure to fit the portions served to the needs and tastes of the individual persons.

Perhaps one of the principal causes of waste is the imperfect preparation of the food. When food is well cooked and tastefully served so as to be attractive to the eye and to the palate, it is much more apt to be economically eaten and well digested than when the cooking and serving are defective. A large part of the pecuniary economy and, indeed, of the hygienic economy of food and nutrition depends upon the way the food is handled in the kitchen and the dining-room. I trust it may not savor too much of criticism if I venture to inquire whether the failure of the food to fit the consumer may not at times be due, at least in part, to lack of skill and care in cooking and serving.

PHYSIOLOGICAL DEMANDS OF THE INSANE FOR NUTRIMENT.

In providing food for the population of a hospital for the insane, two fundamental principles should be recognized. One is that the kinds and amounts of food should be adapted to the actual physiological demands. The other is that these demands differ with different classes of people. A distinction between patients and employees and a classification of patients according to physiological demand are therefore desirable. Such a classification of patients, however, might not accord with either that based upon the diagnosis of the mental disease, or that which is recognized for convenience of hospital administration, or that which actually obtains at the tables of a given hospital. To the physiological chemist it might seem that the classification which the alienist makes by the nature of the mental disease and his own classification by physiological demand for nourishment might be brought into more or less accord. But it is evident that the exigencies of hospital administration do not always permit the assignment of patients to tables by such principles of division.

Regarding the actual physiological demand, as expressed in quantities of nutrients and energy of food, comparatively little is

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known. My own decided impression is that the principal factor is the degree of physical activity. If this is the case, the principle would be the same for the insane as for people in normal mental condition. I am inclined to think, however, that there are exceptions to this principle; that there may be classes of the insane who eat more and may actually need more, while there are other classes who need less food than people in normal condition with corresponding physical activity.

With the advance of physiological science we are coming to realize that one of the most important functions of the brain is to regulate the metabolism. We are finding that there are mental states in which this regulation is abnormal, but we have as yet no very clear idea as to the nature of that regulation when it is normal or the conditions which make it abnormal, or the effect of any given form of mental disease in this respect. So true is this that any attempt to discuss the principle is largely a use of words to cover ignorance. Perhaps the nearest approach we can make to a definite and exact statement fitted to the present purpose is that there appear to be conditions in which the proper regulation of metabolism by the brain is so far interfered with that the total metabolism of nutritive material is decidedly out of accord with the normal physiological need.

This leads us to distinguish between two ways in which the nervous system may exercise a control over the quantity of material metabolized in the body. The one is automatic, the other involves the action of the will either consciously or instinctively. This latter is touched upon beyond. It is the former, the automatic regulation, which I had in mind in what was just said. Whether this regulation is exercised from nerve centers within or outside the brain is not material for this discussion. The point is this: Such forms of metabolism as the cleavage of proteids of either food or protoplasm which accompanies muscular exertion, or the oxidation of carbohydrates or fats by which the energy potential in those compounds is made kinetic and available for that muscular work, are somehow under the control of nerve cen-

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ters. In normal bodily conditions, and with a normal supply of food material, that control is so exercised that the quantity of material metabolized is more or less nearly proportional to the muscular work done. It is possible that there may be forms of mental disease in which the control of metabolism by the nervous system is interfered with so that the amount of material metabolized does not accord with the demand. In such cases, if they occur, the body might transform a much larger amount of material in order to accomplish a given amount of work than would be necessary if the regulation were normal. Such a theoretical condition might be compared to that of a manufacturing establishment in which the engineer should fail to do his duty and consequently the amount of coal burned in the furnace to keep the machinery in motion would be excessive. People in such condition might need more food than those in mental health with corresponding physical activity. My own limited experience, however, has not made me familiar with any form of mental disease or with any class of the insane to which this description would apply. In other words, I have not become familiar with any class of patients whose food requirement seems to me to be in excess of the demand due to muscular or mental activity.

To this last statement, however, there is a possible exception. It is believed by some that there are terminal dementals who digest their food less completely than if they were in normal health, and hence may require more food to meet the physiological demand than would otherwise be necessary. The way to test this question would be by comparing the food eaten with the residue excreted by the intestines. So far as I am aware, no such quantitative experiments have been made. Without them it would be unwise to pronounce a judgment as to whether the imperfect digestion of food by patients of this class would be sufficient to materially increase this requirement. My personal impression, however, based on what I have actually learned of the food consumption of patients of this class leads me to question whether there is much need for assuming that terminal dementals as a class need

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more than the small quantity of food which their low physical and mental activity would naturally call for.

This is equivalent to saying that I have thus far found no such theoretical consideration or attested results of experience as would seem to me to warrant the statement that the insane require more food than people in mental health with corresponding activity.

I have thus far been speaking of the automatic regulation of metabolism by the nervous system. There is, however, a voluntary control of the amount of food consumed. The control thus exercised may be either instinctive or intentional, but with people in normal condition it is a most important factor in regulating the food consumption. When a man is in mental health, his judgment or instinct or both tell him more or less accurately when he has eaten enough, but the person with imperfect mental development, as the idiot or imbecile, may be without even the instinctive consciousness that his needs are satisfied. If the food is set before him he may continue to eat as long as the comfortable feeling continues even if in so doing he eats to a great excess. Such persons may seem to need large quantities of food, but it is doubtful whether this is an indication of real physiological demand, and whether it may not be an injury and hence a wrong to the patient to allow him to gratify this inclination.

On the other hand, there seems to me to be indications that a loss of mentality may be accompanied by diminished physiological demands for nutriment. Certainly, the instances reported beyond of the actual food consumption of patients of the infirm class, a large number of whom were vegetative dements, show that the quantities of food eaten were so small as to at best suggest that when the low mental activity thus occurs with low physical activity, the food requirement is reduced to a minimum.

To the layman it might seem that some classes of patients, especially the chronic disturbed who apparently labor under considerable mental agitation might require large quantities of food, but I am assured that hospital experience does not at all support this assumption.

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Taking the facts so far as I have thus far found them, I am inclined to think that the physiological demand of the insane for nutriment, so far from being larger is, on the whole, rather smaller than that of people in mental health. I express this, however, as a present impression and not as a generalization warranted by long continued and accurate test.

The above statements regarding the physiological demands of the insane for nutriment are intended to apply to the chronic rather than to the acute classes. The needs of the latter I do not attempt to discuss as they are varied and require the special attention which only the experienced physician is competent to give. There are, indeed, patients in which a liberal diet appears to be decidedly beneficial as is illustrated by the success of the Weir-Mitchell treatment in some cases of insanity.*

CLASSIFICATION OF PATIENTS BY DIETETIC NEEDS.

The general subject of the classification of the insane is foreign to this discussion. The purpose here is simply to urge the importance of taking the actual physiological demand for nourishment into account in regulating the food supply. This demand differs materially with different classes of patients and likewise with different patients of the same class. The question of individual differences is one to be considered in the dining room. To fit the food to the demand of the individual patient requires thoughtful observation and care on the part of the attendant who serves the food. The fitting of the food to the demands of a particular class of patients requires, first, the proper classification, and second, the study of the general demands of the patients of each class.

As already pointed out, the classification of hospital population by physiological need for nourishment might differ materially from any classification which would be made from the standpoint of either the alienist or that of hospital administra-

*See for instance the experiments of Bleibtreu in which this treatment was used for hysteria. *Pflüger's Archiv.* 41, pp. 409, 410.

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tion. For our present purpose, we have to consider on the one hand, the classification as it is actually found in hospitals and on the other, the classification by physiological demand.

Of the needs of different classes for nourishment not enough is known at present to warrant an attempt at classification of the hospital population on such a basis. The following attempt toward a classification recognizes in a general way the differences in physiological demand while it also takes into account the divisions which we actually find in hospitals where the studies described in this report have been made. In such a tentative classification, we have to be guided by the practical fact that in the kitchens of any institution, only a limited number of different dietaries can be prepared. Hence the number of different classes must be small. On the basis thus stated we may separate the population of a hospital for the insane into four classes.

1. The infirm, including the unproductive, inactive, and unappreciative, chronic patients.

2. The workers, including those chronic patients engaged in productive employments and the more active of the restless and disturbed patients.

3. The acute, including all patients recently admitted and the sick.

4. The employees.

This classification separates the population of the hospital into divisions with widely differing dietary needs. It is a matter of common observation that of the patients, workers need more substantial nourishment than do the infirm and that the acute and also the sick among the chronic need more careful attention to the adaptation of the food to the individual than do the chronic workers or non-workers. We can also assume that the employees, representing a class of normal people, on the average decidedly younger in age than the patients, may reasonably be provided with a somewhat different diet. The force of this classification is more apparent when we consider that the bulk of the population of a hospital for the insane is made up of patients of the

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chronic class and that a very considerable percentage of these are unproductive and comparatively inactive. Thus the proportion of people requiring more than a simple diet is very small.

Our knowledge of the different needs of these classes is as yet very meagre and can be made comprehensive only by actual feeding experiments made in the hospitals extending over a considerable period of time. In connection with the inquiry of which this is a report of progress, considerable thought has been given to the development of plans for such experiments and they are already being put into execution. It is hoped that the results of some of the experiments thus instituted may be included in a report for the year 1899-1900.

From the standpoint of the physiological demand, the above classification is somewhat crude because of the difference in demand of people here classed together. For instance, those of the second class designated as workers, include some who undertake extremely little muscular exercise and others with employments which at times correspond with those of men and women at very active muscular work. For instance, a man who spends two or three hours a day in moving a polisher over the floor of a ward is classed as a worker; but his muscular activity does not compare with that of the patients who are hoeing corn on the farm or handling coal in the boiler house. It would be more logical and accurate to sub-divide the workers into classes corresponding to their activity and their physiological demand for nutriment, but the difficulty of recognizing the difference in the dealing out of the food from the kitchen is a practical objection to such a sub-division in the hospitals as generally organized.

STUDIES OF HOSPITAL DIETARIES IN 1898-99.

Dietary studies have been conducted in the Long Island, Willard and St. Lawrence State Hospitals. It was not found practicable to complete those at Willard so as to make them available for the present report. The following is a list of the studies conducted at the Long Island State Hospital, Brooklyn Depart-

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ment, and at the St. Lawrence State Hospital. They include altogether eight series with forty individual dietary studies. The individual studies were made with different classes of patients, acute, chronic, active workers, non-workers, infirm and with employees. In the studies with patients, the males and females ate at separate tables so that the food consumed could be determined separately. The employees, male and female, ate at the same tables so that there was no opportunity to distinguish between the amounts consumed by the different sexes. The number of persons in each dietary study varied from 18 to 224, the total number in the forty studies being 3542. Since, however, Series 2, 7, 6 and 8 are repetitions of 1, 3, 4 and 5 respectively, with only such changes as come with the usual variations in the hospital population, the persons in the studies in these series were counted twice. The number of individuals whose food consumption was actually studied was estimated at 1771, of whom 308 were in the Brooklyn Department of the Long Island and 1463 in the St. Lawrence State Hospital. The numbers of patients and employees, male and female, were as below:

Approximate Numbers of Persons Whose Dietaries Were Studied.

	LONG ISLAND STATE HOSPITAL BROOKLYN DEPARTMENT			ST. LAWRENCE STATE HOSPITAL		
	Males	Females	Total	Males	Females	Total
Patients.....	143	165	308	593	680	1,223
Employees .....	.....	.....	.....	97	143	240
Sum total.....	143	165	308	690	773	1,463

LISTS OF DIETARY STUDIES, 1898-9.

A. Long Island State Hospital. Brooklyn Dept.

First Series. Dec. 14-20, 1898.

- Dietary Study No. 1. Male patients, workers, 96;
 " " No. 2. Female patients, workers, 113;
 " " No. 3. Male patients, infirm, 49;
 " " No. 4. Female patients, infirm, 50.

Dietaries for Hospitals for the Insane**A. Long Island State Hospital. Brooklyn Dept.***Second Series.* Jan. 9-15, 1899. Repetition of first series.

- Dietary Study No. 5. Male patients, workers, 96;
 " " No. 6. Female patients, workers, 117;
 " " No. 7. Male patients, infirm, 45;
 " " No. 8. Female patients, infirm, 50.

B. St. Lawrence State Hospital.*Third Series.* Infirmary Group. March 3-9, 1899.

- Dietary Study No. 9. Employees; males, 15, females, 25, total, 40;
 " " No. 10. Male patients, workers, 60;
 " " No. 11. Male patients, infirm, 86;
 " " No. 12. Female patients, infirm, 99.

Fourth Series. Group III. March 13-19, 1899.

- Dietary Study No. 13. Employees; male, 22, female, 39, total, 61;
 " " No. 14. Male patients, chronic, restless, mostly non-workers, 129;
 " " No. 15. Female patients, chronic, restless, mostly non-workers, 224.

Fifth Series. Central Group. March 27-April 2, 1899.

- Dietary Study No. 16. Employees; male, 60, female, 78, total, 138;
 " " No. 17. Male patients, recent admissions, 32 to 33;
 " " No. 18. Male patients, acute and chronic, 18;
 " " No. 19. Male patients, chronic, active workers, 104;
 " " No. 20. Male patients, acute and chronic, 166;
 " " No. 21. Female patients, recent admissions, 49;
 " " No. 22. Female patients, acute and sick chronic, 18;
 " " No. 23. Female patients, chronic, active and disturbed, 86;
 " " No. 24. Female patients, chronic, 148.

Sixth Series. Infirmary Group. April 12-18, 1899. Repetition of third series.

- Dietary Study No. 25. Employees; male, 14, female, 25, total, 39;
 " " No. 26. Male patients, workers, 60;
 " " No. 27. Male patients, infirm, 87;
 " " No. 28. Female patients, infirm, 99.

Seventh Series. Central Group. July 7-13, 1899. Repetition of fifth series.

- Dietary Study No. 29. Employees; male, 60, female, 78, total, 138;
 " " No. 30. Male patients, recent admissions, 36 to 37;
 " " No. 31. Male patients, acute and sick chronic, 17;
 " " No. 32. Male patients, chronic, active workers, 108;
 " " No. 33. Male patients, acute and chronic, 152 to 153;
 " " No. 34. Female patients, recent admissions, 51;
 " " No. 35. Female patients, acute and sick chronic, 21;
 " " No. 36. Female patients, chronic, active and disturbed, 86 to 87;
 " " No. 37. Female patients, chronic, 155.

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Eighth Series. Group III. July 21-27, 1899, Repetition of fourth series.

Dietary Study No. 38. Employees; male, 22, female, 41, total, 63;

“ “ No. 39. Male patients, chronic, restless, mostly non-workers, 129;

“ “ No. 40. Female patients, chronic, restless, mostly non-workers, 224.

In most instances in the above list, the classes of patients are sufficiently indicated. Further and more detailed explanations are given in the Explanatory notes following the table, page 221.

**GENERAL ACCOUNT OF
OF TABULATED**

**DIES AND EXPLANATIONS
OF RESULTS.**

The studies at Willamette were undertaken with the very courteous cooperation of the superintendent, Dr. W. A. Macy, the larger part being done by Dr. Wm. Steinach. I greatly regret that circumstances made it impracticable to give them with such detail as has seemed desirable, but it may prove possible later to bring out the main results.

Studies at the Brooklyn Department of the Long Island State Hospital.—These were made with the equally courteous assistance of the general superintendent, Dr. O. M. Dewing, and the superintendent of the Brooklyn Department, Dr. R. M. Elliott. Several other officers lent most valuable aid. The work was under the immediate care of Dr. H. E. Wells, who has been engaged in this inquiry for some time. Mr. A. P. Bryant, who has been connected with the nutrition investigations under my charge for several years, has likewise assisted in the present investigation, visiting Flushing for the purpose, but rendering the larger part of the service under my more immediate direction in Middletown, Conn., where Dr. Wells has also spent a considerable portion of the time in collating, comparing and tabulating results.

The eight studies at this hospital are divided in two series as above stated, page 208. The first series were made in December, 1898, and the second in January, 1899. The second series was practically a duplicate of the first. The object of the duplication was here, as elsewhere, to verify the results and thus make their

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reliability more certain. As these were the first experiments of the kind in connection with the New York hospitals, it was thought that perhaps their chief value would be found in the experience gained in carrying out the studies. Fortunately, however, the work proceeded so satisfactorily that we have much confidence in the figures, although they represent an early attempt.

The details of these studies are given in Tables 2 to 25 in the Appendix. The figures used for the composition of the food materials may be found in Table 1.

Studies in the St. Lawrence State Hospital at Ogdensburg.—The most extensive of the investigations were made in this institution. Most fortunately for the investigation, Dr. Wm. Mabon has taken a very active interest in it from the start. As the result of this interest, as well as that of other officers, including more especially Dr. W. H. Kidder, it has been possible to conduct a series of studies of sufficient scope to include nearly the whole population of the hospital, whereas at the Brooklyn Department of the Long Island Hospital, the inquiries were confined to a limited number of patients and did not include those of all classes. It is interesting to note, however, that the results obtained for similar classes of people at the two hospitals agreed quite closely so that each thus tended to confirm the correctness of the other.

The buildings of the St. Lawrence Hospital are divided in several groups, of which the principal are the Central Group, the Infirmary Group, Group III, and the Garden and Farm cottages. The food consumption of people living in the two last named and of those eating at the officers' tables was not studied. The rest of the population ate at the tables in the three principal groups and their food consumption was studied in the 32 dietaries, Nos.

40, inclusive. The observations were made during the months March and April and the month of July, 1899. The 32 studies were made in six series numbered from third to eighth, the sixth, seventh and eighth being repetitions of the third, fifth and fourth, as explained on page 208 above.

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The details of the kinds, amounts and composition of the food materials consumed and the amounts and composition of the wastes in the studies are given in Tables 26 to 121 of the Appendix. The figures used for estimating the composition of the food materials may be found in Table 1.

In all the studies above enumerated, especial attention was given to the kinds, amounts and composition of the food actually served on the tables and to the amounts and composition of the table waste. The difference between these two amounts represents the amounts actually eaten. In some instances the kitchen wastes were also observed, but it was not found practicable to measure these accurately in all cases.

**SUMMARY OF RESULTS OF STUDIES OF DIETARIES IN LONG ISLAND
(BROOKLYN DEPARTMENT) AND ST. LAWRENCE
STATE HOSPITALS.**

Table A summarizes the main results of the 40 dietary studies at the Long Island and St. Lawrence State Hospitals. The figures are taken from the detailed tables in the Appendix and show the amounts of protein, fats and carbohydrates in the food served, rejected and eaten at the tables and the estimated fuel values of these nutrients.

The dietary studies are here arranged by classes of people, the distinction being made between patients and employees. The patients are divided into the two general classes, chronic and acute, and each of these is divided into sub-classes, beginning with the "infirm," whose food consumption is the smallest, and following with the "light workers and disturbed," the "restless, active disturbed," and the "workers." Of the recently admitted, the stronger are here separated from those requiring more careful nursing. With the latter, which are classed as "acute," are included some sick chronic patients. Averages for the males and females of each class are also given.

The first column of the table gives the reference numbers of the studies, by aid of which it will be easy to find the detailed tables of each study in the Appendix. The same reference num-

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bers are found in the second column, which describes the classes of people. The third column gives the numbers of persons in each study. These numbers represent the average daily census for each class during the week of the study. As these averages in some instances were fractional, for convenience only the nearest integral number is here given, as explained in the foot notes.

The figures for nutrients and energy represent, for the patients, the averages per person per day, a distinction being made between the sexes, who ate at separate tables. As the male and female employees ate at the same table, the figures which are given for employees per person per day do not show how much was eaten by the males and how much by the females. An estimate is, however, made of the quantities per man per day on the assumption that the women eat on the average 0.8 as much as the men.* This assumption is based upon results of observations elsewhere of people in ordinary walks of life. The difference between the food eaten by the males and females among the patients is, in general, larger, a matter which will be referred to beyond.

The quantities of food rejected represent what has been called above, page 200, table waste. They include the portions left uneaten on or about the individual plates. The portions which were left on the platters or other dishes from which the food was served and which were carried back to the kitchen for further use, are not included here. It will be observed the quantities eaten represent the differences between the total amounts served and the amounts rejected.

* In making the calculations, the number of women is multiplied by 0.8, and the product added to the number of men. The total amounts of nutrients and energy per day divided by this sum give the amounts per man per day. See explanations. 10th Annual Report of the N. Y. State Commission in Lunacy, Part II, pages 73-4.

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TABLE A
FOOD CONSUMPTION OF NEW YORK STATE HOSPITAL POPULATION BY CLASSES.—DIETARY STUDIES 1898-9.
Nutrients and Energy in Food Served, Rejected and Eaten.

[Quantities per person per day except when otherwise stated.]

Reference number of study	STATE HOSPITALS AND CLASSES OF PEOPLE	Number of persons	NUTRIENTS									ENERGY		
			PROTEIN			FAT			CARBOHYDRATES			Served	Rejected	Eaten
			Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten			
			Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories
3	PATIENTS, CHRONIC <i>Infirm, males</i> Long Island, Brooklyn Dept., December, '98..... Long Island, Brooklyn Dept., January, '99..... Average of Nos. 3 and 7.	49	70	2	68	60	2	58	355	10	345	2,300	68	2,232
7		45	64	3	61	65	3	62	349	17	332	2,298	110	2,188
11		86	65	6	59	57	3	54	335	28	307	2,170	167	2,003
27		87	72	9	63	58	4	54	355	34	321	2,290	213	2,077
	Average of Nos. 11 and 27.	69	69	8	61	58	4	54	345	31	314	2,237	197	2,040
	Average of Nos. 3, 7, 11 and 27.....	68	68	6	62	59	3	56	348	25	323	2,254	155	2,099

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	66	5	61	63	3	60	290	19	271	2,045	126	1,919
<i>f Nos. 23 and 36</i>	66	5	61	63	3	60	290	19	271	2,045	126	1,919
<i>f Nos. 15, 40, 23</i>	63	5	58	61	2	59	296	18	278	2,039	113	1,926
<i>..</i>												
<i>Workers, males</i>												
Long Island, Brooklyn Dept., Dec., '98	96	5	84	93	5	88	350	8	342	2,665	100	2,565
5 Long Island, Brooklyn Dept., Jan., '99	96	5	70	88	6	82	347	15	332	2,549	138	2,411
Average of Nos. 1 and 5	82	5	77	91	6	85	349	12	337	2,613	125	2,488
10 St. Lawrence, Infirmary Group, March, '99	60	117	102	97	9	88	410	28	382	3,633	260	2,803
26 St. Lawrence, Infirmary Group, April, '99	60	117	101	99	12	87	412	32	380	3,090	309	2,781
Average of Nos. 10 and 26	117	15	102	98	10	88	411	30	381	3,076	277	2,799
19 St. Lawrence, Central Group, March, '99	104	117	108	99	7	92	463	18	445	3,299	176	3,123
32 St. Lawrence, Central Group, July, '99	108	136	129	87	4	83	476	16	460	3,318	131	3,187
Average of Nos. 19 and 32	127	8	119	93	5	87	470	17	453	3,313	149	3,154
Average of Nos. 1, 5, 10, 26, 19 and 32	108	8	100	93	7	86	412	18	394	2,996	171	2,825
<i>Workers, females</i>												
2 Long Island, Brooklyn Dept., Dec., '98	113	63	54	74	10	64	240	21	219	1,930	216	1,714
6 Long Island Brooklyn Dept., Jan., '99	117	54	48	73	7	66	233	16	217	1,855	155	1,700
Average of Nos. 2 and 6	58	7	51	73	8	65	236	18	218	1,884	177	1,707

¹ The average daily census of this class during the week of the study was 86½ and in calculating the nutrients per person, per day, the number 86½ was used as a divisor.

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TABLE A FOOD CONSUMPTION OF NEW YORK STATE HOSPITAL, ETC.—(Continued)

RECEIPTS	NUMBER OF PATIENTS	NUTRIENTS						AMINOMATES				ENERGY	
		PROTEIN		FAT		CARBOHYDRATE		Rejected	Sorted	Total	Calories	Rejected	Calories
		Grams	Calories	Grams	Calories	Grams	Calories						
MALE ADULTS (18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)													
MALE ADULTS, AVERAGE													
Recent admissions, males	133												
March, '99	133	66	7	79	104	4	100	419	18	401	8,088	140	9,898
July, '99	137	60	4	62	79	6	78	856	26	880	9,440	195	9,945
Average of Nov. 17 and 30	137	72	7	65	91	6	86	886	28	868	9,724	169	9,555
MALE ADULTS, AVERAGE													
Recent admissions, females	49												
March, '99	49	50	6	44	68	8	60	218	26	192	1,684	159	1,525
July, '99	51	55	4	37	54	6	44	185	27	158	1,404	199	1,205
Average of Nov. 31 and 34	42	42	7	35	54	4	54	202	27	175	1,540	177	1,363
MALE ADULTS, AVERAGE													
Recent admissions, chronic males	18												
March, '99	18	75	4	71	81	1	80	894	18	876	9,676	99	9,577
July, '99	17	64	3	61	81	2	79	864	12	852	9,508	80	9,428
Average of Nov. 18 and 31	17	70	4	66	81	1	80	879	15	864	9,594	87	9,607

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<i>the sick chronic, males</i>		18	79	17	62	98	8	90	361	76	285	2,715	455	2,260
Central Group,		18												
St. Lawrence, Central Group,		21	49	14	35	67	8	59	277	56	221	1,960	362	1,598
July, '99.....		63	63	15	48	81	8	73	316	65	251	2,307	402	1,905
Average of Nos. 22 and 35.....														
EMPLOYEES														
9	St. Lawrence, Infirmary Group,	40	106	13	93	151	11	140	417	53	364	3,549	373	3,176
9	March, '99, men 15, women 25		121	15	106	173	12	161	476	61	415	4,057	423	3,634
25	Same, estimated per man.....													
25	St. Lawrence Infirmary Group,	39	97	17	80	135	14	121	397	82	315	3,281	536	2,745
25	April, '99, men 14, women 25		112	20	92	155	16	139	456	94	362	3,770	616	3,154
	Same, estimated per man.....		101	15	86	143	13	130	407	67	340	3,413	457	2,956
	Average of Nos. 9 and 25.....		117	18	99	164	14	150	466	77	389	3,916	520	3,396
13	Same, estimated per man.....													
13	St. Lawrence, Group III, March	61	83	11	72	116	9	107	337	42	295	2,801	301	2,500
13	'99, men 22, women 39.....		96	13	83	134	11	123	388	49	339	3,210	356	2,874
38	Same, estimated per man.....													
38	St. Lawrence, Group III, July,	63	66	11	55	98	6	92	285	40	245	2,350	265	2,085
38	'99, men 22, women 41.....		76	12	64	112	7	105	326	46	280	2,690	303	2,387
	Same, estimated per man.....		74	11	63	107	7	100	311	41	270	2,573	278	2,295
	Average of Nos. 13 and 38.....		86	13	73	123	9	114	356	47	309	2,956	330	2,626
	Same, estimated per man.....													
16	St. Lawrence, Central Group,	138	85	9	76	116	3	113	384	38	346	3,002	221	2,781
16	March, '99, men 60, women 78		96	10	86	130	3	127	432	43	389	3,374	245	3,129
	Same, estimated per man.....													

¹The average daily census of this class during the week of the study was 38½, and in calculating the nutrients per person per day the number 38½ was used as the divisor.

²The average daily census of this class during the week of the study was 36½, and in calculating the nutrients per person per day the number 36½ was used as the divisor.

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TABLE A.—Food Consumption of New York State Hospital, etc.—Concluded.

Reference number of study	STATE HOSPITALS AND CLASSES OF PEOPLE	Number of persons	NUTRIENTS												ENERGY							
			PROTEIN			FAT			CARBOHYDRATES			Served	Rejected	Eaten	Calories	Rejected	Calories	Eaten	Calories			
			Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten									Served	Rejected	Eaten
29	St. Lawrence, Central Group, July, '99, men 60, women 78	138	87	10	77	135	8	127	334	38	296	2,981	271	2,710								
29	Same, estimated per man	....	97	11	86	151	9	143	375	42	333	3,340	301	3,039							
	Average of Nos. 16 and 29	....	86	10	76	126	6	120	359	38	321	2,996	252	2,744							
	Same, estimated per man	....	97	11	86	141	6	135	403	42	361	3,361	273	3,078							
	Average of Nos. 9, 25, 13, 38, 16 and 29	85	11	74	124	7	117	354	43	311	2,953	286	2,667								
	Same, estimated per man	97	12	85	140	8	132	401	49	352	3,344	325	3,019								

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EXPLANATORY NOTES.

Dietary Studies, Nos. 12 and 28.—Of the 99 women patients classed as infirm, 12 were in comparatively robust health, did ward work and should be classed as workers. During the study, it was not feasible to keep them separate from the others.

Dietary Studies, Nos. 20 and 33.—The patients included in these studies were from three wards. About twenty were of the violent class and were more or less active physically; some, indeed, were at times engaged in hard work, as, for instance, in trundling wheelbarrows of earth in grading the grounds. About thirty-five were from a parole ward and had the liberty of the grounds during the day. Among them were, occasionally a few convalescents. Some of them were engaged in active muscular work in the shops and stables and on the grounds. The remainder, about one hundred, were of the quiet class of chronic patients who had passed beyond the condition for active work, but had not yet lapsed to the level of the infirm class and were engaged somewhat in muscular work, both indoors and out. The amount of work of any kind which they were capable of doing was small.

Dietary Studies, Nos. 24 and 37.—In these studies were patients from three wards. About eighteen were from the disturbed or violent class, with little or generally no productive muscular work. The rest, somewhat more than 130, were of the quiet, chronic class. All were capable of physical exercise, and many were engaged for part of the time in some form of productive work, though the average amount of muscular work was small.

Dietary Studies, Nos. 14, 39, 15 and 40.—The patients included in these studies were all of the chronic class. Comparatively few of them were engaged in useful work, but a considerable number, owing to their mental disturbance, were physically active, which condition is expressed by the term "restless."

Dietary Studies, Nos. 17, 18, 22, 30, 31 and 33.—The patients included in these studies occupied what were known as receptive and sick wards and consisted of recent admissions, patients suffering from acute insanities and a few of the chronic insane, some of whom, because of intercurrent physical disease, required the advantages of care in a ward for the sick. The carrying on of dietary studies in connection with these classes was particularly difficult, and the figures above given cannot be taken as representing exactly their actual food consumption. Aside from the diet indicated in the regular dietary schedule and included in the studies, a considerable number of these patients received extra diet prescribed by special order of the physicians. It was found impracticable to include the extra diet in the studies, but we may safely assume that, while this omission impairs the accuracy of the results as regards these classes of patients, it does not materially affect the general aver-

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age for the hospital. The number of people receiving this extra diet formed only a small fraction of the population of the hospital, and the extra diet itself was but a fraction of the total food supplied to a portion of the individuals forming these classes. There are other considerations which limit the value of comparisons between different studies of the food consumption of these classes. The population of these wards is a constantly changing one, not only from the coming and going of different individuals, but from changes in the individuals themselves; the patient who one week refuses food or partakes but sparingly of it, no seldom becoming the hearty eater a few weeks later. The physically sick chronic patients included with these classes often have among them persons who are able to use only a liquid diet with small nutritive value. Thus, from changes of population and changes in the character of the individuals composing that population, studies of the food consumption of these classes of patients made at different times may give widely varying results.

DISCUSSION OF RESULTS OF THE STUDIES.

In the discussion of the data furnished by the above table and by the more detailed statements in the Appendix from which the figures of this table were taken, we naturally seek as a final conclusion the actual and the proper food consumption of the hospital population as a whole. There are, however, a number of special topics which are worthy of at least brief consideration. Among these are the amounts of food eaten (1) by people of the same class at different times, (2) by women as compared with men, and (3) by each class of patients.

AMOUNTS OF FOOD CONSUMED AT DIFFERENT TIMES. COMPARISONS OF RESULTS OF DUPLICATE STUDIES.

The main reason for repeating the individual studies was to make the data more valuable for generalizations. To give the results, as a whole, the reliability which is needed would require still further repetitions. It will be interesting, however, to compare the duplicate studies made at different times. In so doing we may distinguish between two classes of duplicates, those which were only a month, or thereabouts, apart and were practically in the same season of the year, and those in which the interval was from March to July.

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Duplicate studies with short interval.—The first studies in the Long Island State Hospital were made in December and the repetitions in January. The duplicates were thus in the same season of the year. It could hardly be expected, therefore, that the differences in time would cause any considerable differences in the amounts of food eaten. The first studies in the Infirmary at the St. Lawrence State Hospital was made in March and the repetitions in April. Here again there is hardly enough difference in time to make much difference in the amounts of food used. The conditions being so nearly alike, the duplicates might be expected to agree pretty closely if the work was accurately done. Or, to put it in another way, the closeness of agreement of the duplicates may be taken as an indication of the accuracy of the observations, though, of course, it is not an absolute test of that accuracy. Table B summarizes these duplicate experiments, of which there are sixteen in eight pairs, four pairs in each of the two hospitals.

Taking the several pairs by themselves, the food eaten in the first experiment was sometimes a little larger and sometimes a little smaller in the first than in the second trial. But when the results are all taken together, the average of all the first trials agrees very closely with that of all the second trials.

In other words, the duplicate studies are mutually confirmatory and lead to the belief that the figures for amounts of nutrients and energy in the food eaten per person to-day are not far from correct.

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TABLE B
Comparison of amounts of nutrients and energy in food eaten by persons of the same classes in the same season of the year i. e. with an interval of about one month

Number of study	Number of persons	Nutrients			Energy
		Protein	Fat	Carbo-hydrates	
		Grams	Grams	Grams	Calories
PATIENTS, CHRONIC					
<i>Infirm, males</i>					
3	49	68	58	345	2,232
7	45	61	62	332	2,188
	.....	7	—4	18	44

11	86	59	54	307	2,003
27	87	68	54	321	2,077
	—4	0	—14	—74

<i>Infirm, females</i>					
4	50	47	44	255	1,647
8	50	41	43	237	1,540
	6	1	18	107

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ence, Infirmary Group, March, '99	99	46	43	218	1,482
rence, Infirmary Group, April, '99	99	51	48	237	1,627
Difference		—5	—5	—19	—145
<i>Workers, males</i>					
Long Island, Brooklyn Department, December, '98	96	84	88	342	2,565
Long Island, Brooklyn Department, January, '99	96	70	82	332	2,411
Difference		14	6	10	154
St. Lawrence, Infirmary Group, March, '99	60	102	88	382	2,803
St. Lawrence, Infirmary Group, April, '99	60	101	87	380	2,751
Difference		1	1	2	22
<i>Workers, females</i>					
Long Island, Brooklyn Department, December, '98	113	54	64	219	1,714
Long Island, Brooklyn Department, January, '99	117	48	66	217	1,700
Difference		6	—2	2	14
EMPLOYEES					
St. Lawrence, Infirmary Group, March, '99	40	93	140	364	3,176
St. Lawrence, Infirmary Group, April, '99	39	80	121	315	2,745
Difference		13	19	49	431

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TABLE B—Comparison of amount of nutrients, etc. — (Concluded)

Number of study	Number of persons	NUTRIENTS			Energy
		Protein	Fat	Carbo-hydrates	
	Grams	Grams	Grams	Grams	Calories
<i>Average of Patients</i>					
Average of Nos. 3, 11, 4, 12, 1, 10, 2. 1st study	553	64	63	286	2,021
Average of Nos. 7, 27, 8, 28, 5, 26, 6. 2d study	554	61	64	286	2,018
Difference .....	.....	3	—1	0	3
<i>Average of Patients and Employees</i>					
Average of Nos. 3, 11, 4, 12, 1, 10, 2 and 9. 1st study	593	66	68	291	2,096
Average of Nos. 7, 27, 8, 28, 5, 26, 6 and 25. 2d study	593	62	67	288	2,058
Difference	4	1	3	38

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Duplicate studies at longer intervals. Effect of season upon food consumption.—The remaining twenty-four studies were at the St. Lawrence State Hospital. They make twelve pairs, the first of each pair was made in March and the second in July. Here the difference in season might perhaps be expected to cause some differences in the food consumption, though it would be difficult to say in advance exactly what this difference would be. On the one hand, it might be supposed that the insane, like other people, would be inclined to eat somewhat less in the warm weather of summer than in the colder season of winter and spring. The St. Lawrence State Hospital is situated at Ogdensburg near the Canadian border and the weather in March is apt to be cold and raw. On the other hand, July is generally quite hot. The months of March and July, when the studies were made, were not exceptions to the general rule. If the people spent a large part of the time out of doors, the difference in temperature between March and July might be expected to lead to a considerable smaller food consumption in the latter month. On the average, however, they did not spend any more time out of doors, perhaps, than people generally and the amount of food required for the maintenance of bodily warmth in March would consequently be not very much larger than in July. On the other hand, the amount of physical exercise is generally larger in summer than in winter because there is more out of door work to do and the opportunities for walking are, on the whole, better. Taking all in all, we might perhaps conclude that more food would be eaten in the colder season, but that at the same time, the patients who have considerably more muscular work in the summer than in winter might eat more in summer.

In Table C, the duplicate experiments at the different seasons are compared with one another. It appears that, in general, the consumption was greater in March than July. A notable exception is found in the case of the male workers, Studies Nos. 19 and 20. These men ate more in July than in March and who were engaged in more active work during the summer than earlier in the year. The only exceptions occur in the cases of the light working

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females and the restless and active disturbed females, there is no apparent reason why the food consumption of these people in July should exceed that in March, yet it does. It may be that the patients were out of doors enough more in July to have considerably better appetites. With all other classes, the consumption for the March study exceeds that in July very materially. It may be added that in this particular hospital, also, much care is taken in getting the patients out of doors and engaging them in active exercise during the winter as well as in summer.

During the week of the study in July, it was impracticable to get a satisfactory supply of potatoes and on several days beans had to be substituted. It may be that the patients found these less attractive than good potatoes and consequently consumed a less proportion. It may be, also, that because of this, the acute and recently admitted patients, who were allowed some extra diet on special order, ate less of the regular diet and more of the extra dishes in July than in May. As before stated, the extra dishes were not included in the calculations of food eaten.

TABLE C.
on of amounts of nutrients and energy of food eaten by persons of the same classes in different seasons, i. e., in March and July.

Number of study		Number of Persons.	NUTRIENTS				Energy
			Protein	Fat	Carbo-hydrates	Calories	
			Grams	Grams	Grams		Grams
PATIENTS, CHRONIC							
<i>Light workers and disturbed, males</i>							
20	St. Lawrence, Central Group, March, '99	166	75	61	357	2,338	
33	St. Lawrence, Central Group, July, '99	152	71	69	333	2,298	
	Difference.....		4	-8	24	40	
<i>Light workers and disturbed, females</i>							
24	St. Lawrence, Central Group, March, '99	148	49	56	204	1,558	
37	St. Lawrence, Central Group, July, '99	155	46	54	224	1,609	
	Difference.....		3	2	-20	-51	
<i>Restless, active disturbed males</i>							
14	St. Lawrence, Group III., March, '99	129	92	98	419	3,006	
39	St. Lawrence, Group III., July, '99	129	96	64	363	2,485	
	Difference.....		-4	34	56	521	

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PATIENTS, ACUTE									
<i>Recent admissions, males</i>									
20	St. Lawrence, Central Group, March, '99	32	79	100	401	2,898			
	St. Lawrence, Central Group, July, '99	36	52	73	330	2,245			
	Difference	.....	27	27	71	653		
<i>Recent admissions, females</i>									
21	St. Lawrence, Central Group, March, '99	49	44	60	192	1,525			
34	St. Lawrence, Central Group, July, '99	51	27	48	158	1,205			
	Difference	.....	17	12	34	320		
<i>Acute and sick chronic, males</i>									
18	St. Lawrence, Central Group, March, '99	18	71	80	376	2,577			
31	St. Lawrence, Central Group, July, '99	17	61	79	352	2,428			
	Difference	.....	10	1	24	149		
<i>Acute and sick chronic, females</i>									
22	St. Lawrence, Central Group, March, '99	18	62	90	285	2,260			
35	St. Lawrence, Central Group, July, '99	21	35	59	221	1,598			
	Difference	.....	27	31	64	662		
EMPLOYEES									
13	St. Lawrence, Group III, March, '99	61	72	107	295	2,500			
38	St. Lawrence, Group III, July, '99	63	55	92	245	2,085			
	Difference	17	15	50	415			

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<i>Average of patients, both sexes</i>					
Average of Nos. 20, 14, 19, 17, 18, 24, 15, 23, 21, 22, March, '99	974	70	72	325	2,289
Average of Nos. 33, 39, 32, 30, 31, 37, 40, 36, 34, 35, July, '99	980	68	62	302	2,094
Difference.....		2	10	23	195
<i>Averages, patients and employees</i>					
Average of Nos. 20, 14, 19, 17, 18, 24, 15, 23, 21, 22, 13, 16, March, '99	1,173	71	79	326	2,362
Average of Nos. 33, 39, 32, 30, 31, 37, 40, 36, 34, 35, 38, 29, July, '99	1,181	68	71	298	2,161
Difference.....		3	8	28	201

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FOOD CONSUMPTION OF MEN AS COMPARED WITH WOMEN OF
HOSPITAL POPULATION.

It is a matter of common observation that women generally eat less than men. The reasons most commonly assigned are that women are smaller and that they have less muscular activity. Of course the differences in the food consumption of the sexes will vary with different classes of people and with their conditions in life. Just how the men and women of any class compare with respect to their average food consumption, the data now available are hardly sufficient to tell exactly. Some observers have assumed arbitrarily that in general when the men and women are in the same condition in life and have corresponding occupations, that is to say, such as to call for corresponding amounts of muscular exercise, the women will eat not far from 0.8 as much as the men.* The comparative figures for men and women of the hospital population show wider differences as illustrated by Table D.

In this table, no mention is made of the acute cases. As explained on pages 221 and 222 above, the figures in Table A for the food consumption are less accurate than is to be desired because of the shifting character of this class of the population, the fact that a not inconsiderable number received special diet and that the individuals themselves were in many cases very irregular in their food consumption. The figures for the food consumption by the women patients of the acute class are on the whole more at fault than those for the men because a larger proportion of the women received special diet. It will be observed that the food consumption of the women of the chronic class averages about 0.7 as much as that of the men, whereas the best data at hand imply that in ordinary life women eat about 0.8 as much. Just why there should be this difference between the ratios of food consumption of the two sexes in the hospital dietaries here studied and in dietaries of people in ordinary life studied elsewhere, it is impossible to say with certainty. A very natural supposition,

*See statements with regard to this in the Reports of the Storrs (Conn.) Experiment Station for 1896, p. 119, and 1897, p. 176.

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however, is that the women in the hospital have, in general, less physical exercise as compared with the men than is common among people generally. The opportunities for providing work for women in the hospital are much less favorable than for men, so that among the so-called workers the average activity of the men would be much greater than that of the women. The figures in the table afford some ground for this theory as may be seen by comparing those for the infirm men and women with those for the workers. In the former class, the ratio of the food consumption of men to women is as 7.5 to 10, whereas with the workers, the ratio for women is 6.8 or 6.9 to 10. That is to say, among the infirm the difference in physical activity between the men and women would be comparatively small, whereas among the workers, it would be much larger because the men work relatively more than the women. In accordance with this, we find the difference of food consumption between the men and women is much larger with the workers than with the infirm.

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FOOD CONSUMPTION OF MEN AS COMPARED WITH THAT OF WOMEN IN THE
HOSPITAL PSYCHIATRIC DEPARTMENT

It is a matter of common observation that women are smaller and therefore consume less food than men. The reason for this is, of course, the difference in their physical build. Just how the matter stands with different classes of patients is hardly sufficient to make an arbitrary statement. The same is true of the

TABLE D

FOOD CONSUMPTION OF MEN AND WOMEN PATIENTS COMPARED
Taking the Quantities of Protein and Energy in the Food Eaten by the Men as 10, the Quantities
the Women were as indicated

Ref. No.	CLASSES OF PATIENTS—HOSPITALS	PROTEIN				Men to women as 10 to	Men per day	Calories	Calories
		Men per day	Grams	Women per day	Grams				
A	Infirm, Long Island, Brooklyn Department.....	85	44			6.8	2,314	1,598	
B	Infirm, St. Lawrence.....	61	49			8.0	2,040	1,563	
	Average of A and B.....	63	47			7.6	2,099	1,570	
C	Light workers and disturbed, St. Lawrence.....	73	48			6.6	2,318	1,586	6.5
D	Restless and active disturbed, St. Lawrence.....	95	58			6.1	2,746	1,926	7.0
E	Workers, Long Island, Brooklyn Department.....	77	51			6.6	2,488	1,707	6.9
	Average A-E.....	72	50			6.9	2,318	1,658	7.2

Dietaries for Hospitals for the Insane**FOOD CONSUMPTION AND ACTUAL DEMAND FOR NOURISHMENT OF
HOSPITAL POPULATION. INQUIRIES NOW NEEDED.**

It is perfectly evident that the data furnished by studies thus far made in the New York hospitals and elsewhere are not sufficient to show the exact needs of either of the individual classes of patients or of the population as a whole. Personally, I have the impression that the average food consumption will ultimately be found to be not very far from the actual need but I do not feel at all warranted in affirming that such would prove to be the case and, indeed, I should consider it extremely unwise to make any positive statement on this point without a very considerable amount of observation and experiment.

The observations thus far made and the experience obtained have, however, brought this decided gain—we do know to-day much better than we did at the outset of the inquiry how to go to work to find the physiological need. The experience in carrying on the dietary studies and in the making of some parallel feeding tests which will be reported later shows, unless I greatly err, that it will be a comparatively easy task to devise and conduct experiments such as will bring the needed information regarding the actual requirements of different classes of the hospital population. The principle on which these experiments should be made is the same as is followed in feeding and nutrition experiments generally. A diet is devised for a certain number of people and is followed for a certain period and the effects upon the weight, the comfort, the appearance and the general condition of the patients from the standpoint of the physician are noted. With the indications thus gained other dietaries are devised and their effects observed. Advantage is taken of the opportunity to compare the effects of different kinds as well as amounts of food materials. The modes of cooking are also studied. In this way, it is possible to learn what kind of diet may be made most attractive and healthful as well as most economical. The opportunities for this kind of experimental study in the New York hospitals are unusually favorable. Work in this direction is al-

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ready well begun and the experience gained up to the time of the present writing is decidedly encouraging. I much hope that it may prove possible to develop this kind of inquiry and continue it until the desired information is obtained.

FOOD EATEN BY DIFFERENT CLASSES OF POPULATION OF LONG ISLAND AND ST. LAWRENCE STATE HOSPITALS.

Table E recapitulates the principal data for nutrients and energy of Table A. The figures tell their story so plainly as to need but little comment. The especial interest is found in the fact that they represent the quantities actually eaten by the people of the different classes. As explained above, the figures for the acute patients, especially the females, rather under state the quantities of food actually eaten because they do not include the extra dishes served. Otherwise the figures seem to be a fair representation of the quantities actually eaten in the two hospitals at the times when the studies were made.

TABLE E
Average of Nutrients and Energy in Food Actually Eaten by Different Classes of the Population of Long Island
 (Brooklyn Department) and St. Lawrence State Hospitals
 [Quantities per person per day unless otherwise stated]

CLASSES OF HOSPITAL POPULATION	Number of persons	NUTRIENTS			
		Protein	Fat	Carbo-hydrates	Energy
		Grams	Grams	Grams	Calories
<i>Patients, chronic</i>					
Infirm, males.....	1134	62	56	323	2,099
Infirm, females.....	149	47	45	234	1,570
Light workers and disturbed males.....	² 159	73	65	345	2,318
Light workers and disturbed females.....	³ 152	48	55	214	1,586
Restless, active disturbed, males.....	129	95	81	391	2,746
Restless, active disturbed, females.....	⁴ 310	58	59	278	1,926
Workers, males.....	262	100	86	394	2,825
Workers, females.....	115	51	65	218	1,707
<i>Patients, acute</i>					
Recent admissions, males.....	⁵ 34	65	86	363	2,555
Recent admissions, females.....	50	35	54	175	1,363
Acute and sick chronic, males.....	⁶ 18	66	80	364	2,507
Acute and sick chronic, females.....	719	48	73	251	1,905
<i>Employees</i>					
Per person.....	240	74	117	311	2,667
Estimated per man.....	.....	85	132	352	3,019
		¹ Actual average 132½. ² Actual average, 159½. ³ Actual average, 310½. ⁴ Actual average, 34½. ⁵ Actual average 17½.			
		⁷ Actual average, 19½.			

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ESTIMATES OF AVERAGE FOOD CONSUMPTION OF TOTAL POPULATION
OF ST. LAWRENCE HOSPITAL.

At the St. Lawrence State Hospital, the dietaries of 1,463 persons, patients and employees, were studied. Included in this number were representatives of almost every class and an average of the food consumption of those studied might be taken as representing the average of the per capita consumption of the entire population of the hospital. Since, however, the persons whose dietaries were not studied are enumerated and classified, it will not be difficult to estimate the amounts they would eat and add these estimates to the amounts actually found for the rest and thus calculate the per capita consumption of the whole population. The following is a classification of the part of the population whose dietaries were not studied:

Patients, infirm and sick, males	39	
Patients, infirm and sick, females	36	
Patients, disturbed, females	10	
Patients, workers, males	137	
		<hr/>
		222
Employees, males*		29
Officers, officers' families, accountants and employees not otherwise included in the above lists, estimated as equivalent to men.....		36
		<hr/>
Total		287
		<hr/> <hr/>

The patients and employees lived in conditions very similar to those in the Infirmary Group. We shall doubtless not err greatly in assuming that the people of corresponding classes ate similar amounts and may therefore take the Infirmary Group figures of Table A as representing their food consumption. The officers, officers' families and others of the last class include 16 men, 22 women and 4 children, making 42 persons, and are estimated as equivalent to 36 men† and their food consumption is assumed to be the same as elsewhere found for professional men.‡ The

*There were actually 26 men and 3 women, but the latter were engaged in decidedly active muscular work and are hence reckoned here as men.

† See Storrs (Conn.) Experiment Station Report, 1897, p. 176.

‡ See U. S. Department of Agriculture Year Book, 1898, p. 450, or Office of Experiment Stations, Bulletin 75, p. 66.

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figures used for the estimates for the 287 people and those found in the dietary studies of 1,463 persons are shown in Table F.

This gives us a total of 1,750* persons with an average consumption of 73 grams of protein, 76 of fat, 317 of carbohydrate and 2,306 calories of energy per person per day. This we may take as representing approximately the average amounts of nutriment for the population of the St. Lawrence State Hospital in May and July, 1899.

It is to be remembered that the quantities of food actually eaten are estimated from results of studies in a single hospital, the St. Lawrence. Whether the eating habits of the population of this hospital fairly represent the whole hospital system of New York, it is impossible to say without actual observation. It is worthy of note, however, that the results for several classes of patients in the Brooklyn Department of the Long Island Hospital agreed very closely with those in the St. Lawrence Hospital. On the other hand, it is to be remembered that these figures are based upon a comparatively small number of dietary studies. To obtain exact information regarding the quantities of food supplied, eaten and left uneaten would require a very considerable amount of labor. I am persuaded a much more extensive inquiry than we have thus far made in this direction would be very desirable, but meanwhile we shall probably not be very far out of the way in assuming that the actual food consumption in the St. Lawrence Hospital, as estimated from the figures above cited, represent fairly well the average for that institution and are not very far from representing those for the whole population of the hospitals for the insane in the state. To put it in another way, these figures are hardly reliable for exact estimates but they doubtless do give a general indication of the amounts of nutriment in the food supplied as compared with that in the food actually consumed.

*This number, 1,750, does not represent either the actual census of the hospital population at any given date or the exact average census for any given period. There are, on any given day, some individuals who do not eat at the hospital tables. For instance, the number, 240, given as the number of employees actually studied, does not represent the actual number of different persons in the class so studied, but the number obtained by averaging the census of the meals for each week. Employees have regular days off duty, and at such times frequently are not present in the hospital at meal hours. Thus the census at a meal is materially less than the number of persons employed. Accordingly, the number of persons found at the tables in these studies does not correspond exactly to the number of persons indicated in the hospital census as receiving board from the hospital.

TABLE F.
*Estimated Average Quantities of Nutrients and Energy in Food Eaten per Person per Day by Different Classes
 and by Total Population of the St. Lawrence State Hospital.*

CLASSES OF HOSPITAL POPULATION	Number of persons	NUTRIENTS				Energy
		Protein	Fat	Carbo- hydrates		
		Grams	Grams	Grams	Calories	
PERSONS WHOSE DIETARIES WERE STUDIED.....	1,463					
<i>Patients, chronic</i>						
Infirm, males.....	86	61	54	314	2,040	
Infirm, females.....	99	49	46	228	1,563	
Light workers and disturbed, males.....	160	73	65	345	2,318	
Light workers and disturbed, females.....	152	48	55	214	1,586	
Restless active disturbed, males.....	129	95	81	341	2,746	
Restless active disturbed, females.....	310	58	59	278	1,926	
Workers, males.....	166	112	87	427	3,019	
<i>Patients, acute</i>						
Recent admissions, males.....	35	65	86	363	2,555	
Recent admissions, females.....	50	35	54	175	1,363	
Acute and sick chronic, males.....	17	66	80	364	2,507	
Acute and sick chronic, females.....	19	48	73	251	1,905	
<i>Employees</i>						
Per person.....	240	74	117	311	2,667	

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PERSONS WHOSE DIETARIES WERE NOT STUDIED.....	287
<i>Patients, chronic</i>					
Infirm and sick, males.....	39	61	54	314	2,040
Infirm and sick, females.....	36	49	46	228	1,563
Disturbed, females.....	10	58	59	278	1,926
Workers, males.....	137	102	88	381	2,799
<i>Employees</i>					
Per person.....	29	99	150	380	3,359
<i>Miscellaneous</i>					
Including officers, officers' families, accounts and employees not included in any preceding class.....	36	104	123	423	3,305
Average of total population.....	1,750	73	76	317	2,306

*Dietaries for Hospitals for the Insane***AMOUNTS OF FOOD SUPPLIED TO HOSPITALS AND POSSIBLE REDUCTIONS.**

The previous report gave statistics of the amounts of food supplied to ten New York State hospitals for the fiscal year from October 1, 1897, to September 30, 1898. We are now in condition to compare the quantities of nutrients and energy in the food actually eaten in the St. Lawrence Hospital with the quantities in the food there supplied. This comparison is made in Table G, in which are given, also, the figures for the tentative physiological standard taken from the previous report (1897-8).

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TABLE G
Comparison of Nutrients and Energy in Food Supplied and Food Eaten in New York State Hospitals
 [Quantities per person per day]

	Protein	Fat	Carbohydrates	Energy
	Grams	Grams	Grams	Calories
1 Nutrients and energy in food purchased, 1897-8.....	113	187	427	3490
2 Nutrients and energy in food actually eaten in St. Lawrence Hospital, 1898-9 ¹	73	76	317	2306
3 Tentative physiological standard ² (report for 1897-8).....	94	3	3	2625

¹ See explanation page 240.

² For food actually eaten, i. e., not including waste.

³ Fats and carbohydrates in sufficient amounts to furnish, with the protein, the requisite energy.

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From these figures, it appears that during the year 1897-8, the total food supplied to the hospitals was such as to give on the average per person per day 113 grams of protein and 3,490 calories of energy. In the succeeding year, 1898-9, the food actually eaten by the population of the St. Lawrence Hospital supplied 73 grams of protein and 2,306 calories of energy. The physiological standard suggested in an entirely tentative way in the previous report called for 94 grams of protein and 2,625 calories of energy in the food eaten per person per day. This standard, as explained in the previous report, was not based upon any accurate information regarding the demands of hospital population for the simple reason that no such data were available. It was, however, intended to be liberal and safely above rather than below the actual physiological demand. I confess myself surprised to find that it was really so much above the quantities actually eaten.

With the great abundance of food at the disposal of the people in this hospital, so large, indeed, that a considerable portion was constantly left on the table unconsumed, it is not easy to believe that the nourishment was seriously inadequate. Doubtless there were some individuals who would not eat as much as their bodies really required, however much food should be placed before them or in however attractive form it should be served. It may be there were those to whom the food was decidedly unattractive, so that their appetites, instead of being stimulated, were below the normal standard. But I cannot believe that any very large proportion of the population lacked the food needed for adequate nourishment.

In the discussion of this subject in the previous report, especial attention was called to the large quantities of food supplied and it was suggested that the quantities actually eaten might in some cases be abnormally large. The following statement was made:

"My own limited observation has led me to think that large numbers of the insane are inclined to eat thoughtlessly. As a matter of fact, they seem to me to eat whatever is set before them, asking no questions and taking no thought as to whether or not

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it is more than they need, so long as hunger is satisfied and no physical discomfort is felt.

“Man, like other animals, can easily dispose of much more food than is needed for his sustenance. The less is his understanding of his physical needs, the more ready is he to eat unwisely. I think the question may be safely asked whether the administering of foods to some classes of insane people is not very much like the feeding of animals. If this be so, it would be only natural to expect that so long as the food is supplied to them they will eat a great deal more than is really needed. Of course, account must be taken of the patients who are disinclined to eat and may be underfed unless they have special care.

“The matter may be put in another way. Excessive eating is injurious to health. People of sound mind guard themselves more or less against this excess, though many fail to do so and suffer in consequence. A considerable part of the population of the hospitals for the insane cannot be expected to exercise any such self-restraint. If they are fed without regard to their needs the natural result in many cases would be excess. Such feeding is uneconomical from the standpoint of hospital administration, if not injurious to the patient himself.”

This idea regarding the possibilities of over-eating in the asylums was suggested by the large amounts of food supply. But in view of the figures for actual food consumption brought out in the present report, I am led to question whether the amount of over-eating could be as large as the figures for food supply had led me to suspect. Indeed, I am now inclined to think that there may be numbers of cases in which the patients would eat more and numbers of others in which they would eat less than would really be best for them.

WASTE OF FOOD.

In the report of last year, considerable stress was laid upon the fact that the quantities of food supplied in the hospitals were very large, much in excess of the probable physiological demand. Reference was made to the wastes and need of effort to reduce

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them. As explained in the statements regarding shrinkage and waste on pages 199 and 200, the use of the ordinary technical term "waste" in this connection does not necessarily imply negligence. Even in the best regulated households, not all of the food purchased is actually eaten. A certain amount of waste is inevitable, that is to say, more or less of the edible portion of the food is necessarily lost in the cooking and serving. According to my experience, the loss in this latter way is generally larger in boarding houses than in small families. Whether it need be larger in public than in private establishments, I do not know. It is certainly large in some of the New York hospitals.

Just how large is the proportion of what is technically called waste in these establishments, the figures in this report do not exactly show. The amounts of table waste were determined in a number of cases as shown by the figures above cited. The amounts of kitchen waste are less easily found. Their determination in households or small boarding houses is a comparatively simple matter, but in such establishments as the hospitals, the labor required for exact weighings of the wastes and the determination of the amounts of nutrients they contain would have demanded larger resources than were at our disposal. We can, however, get at the quantities indirectly by comparing the amounts of nutrients in the food supplied with those in the food eaten. This is done in Table G above. The proportions may also be expressed in percentages for which purpose we may take as the basis of comparison either the total quantity supplied or the quantities actually eaten. Both these methods are followed in Table H herewith. The quantities supplied are those for 1897-8.

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TABLE H
Comparison of nutrients and energy in food supplied and food eaten in New York State hospitals
 [Quantities per person per day]

	Protein	Energy	Protein	Energy
	Per cent	Per cent	Per cent	Per cent
1 Nutrients and energy in food purchased 1897-8.....	100	100	155	151
2 Nutrients and energy in food actually eaten in St Lawrence Hospital 1898-9 ¹	65	66	100	100
3 Tentative physiological standard ² (report for 1897-8)	83	75	129	114

¹ See explanation page 240.² For food actually eaten, i. e., not including waste.

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If we estimate that the average of amounts of food eaten in the hospitals in the year 1897-8 were the same as were actually found to be eaten in the St. Lawrence Hospital for the succeeding year, 1898-9, the conclusion is that only a little over two-thirds of the total food purchased was actually eaten by the hospital population and that nearly one-third, in so far as it was utilized at all, served only as food for swine. It is to be noted, furthermore, that the difference between food supplied and food consumed is largest for the protein compounds which are pecuniarily the most costly part of the food. The reason for their large cost is found in the fact that they are supplied mostly in the meats, which furnish much less nutriment at a given cost than do the vegetable food materials.

The difference between quantity of nutrients in the food supplied and in the food eaten was nearly one-third of the whole, according to the above computation.

Viewed from the pecuniary standpoint, this is an important matter. The annual cost of the food supplied to the New York State hospitals at the present rate is about \$1,125,000. One-third of this would be about \$375,000 a year. Even if more accurate observations should show that this estimate of the amount of food not eaten is an exaggeration, the actual figures must certainly be very large. One-fourth of the whole would be about \$280,000.

To one who has not looked into the matter, these figures for "waste" are surprising. I have come to believe, however, that the existence of even so large a difference between food supplied and food eaten, as the above figures imply, is quite in the natural order of things. In the ordinary household, it is comparatively easy to regulate the food supply so that it shall not be materially in excess of the amounts actually eaten. The eating habits of the family are known to the housewife. In economical households, the food is selected and cooked in such way as to meet the individual tastes and needs of the members of the family, and the kitchen wastes are not large. Each person selects the kinds and amounts desired, the portions not eaten at the table are for the most part

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saved and utilized, so that the quantities of table waste are not excessive. Accordingly the total wastes are small in comparison with those found in larger establishments where the difficulties in the way of economical handling of the food are much greater. The wastes in ordinary households are considerable, and it is not at all surprising that they should be large in public institutions. Indeed, I think that any one who has experience in establishments like the State hospitals will readily see how difficult it is to avoid these large losses of food without giving more attention to the subject than has thus far been bestowed upon it.

To myself it has been a matter of surprise to see in how many ways the wastes may occur, and how much effort would be needed to prevent them. Nevertheless, I believe that it will prove possible to reduce them very much. The first thing that is needed is to have the attention of the people in charge called to the subject. The next step will be to observe just where the leaks are and how they may best be stopped. These leaks occur in the store-room, the kitchen and dining-room. Those in the store-room are of less importance, but they could, at times, be obviated, especially if better storage facilities could be furnished in some instances. Those in the kitchen appear to be the largest. In the preparation of vegetables for cooking, a good deal of the edible portion is removed, as in paring potatoes and turnips. Oftentimes, considerable portions of food are left adhering to the pans in which they are baked or to the pots in which they are boiled. When the food is served at the table, the portions are not always fitted to the tastes and the eating habits of the individual persons before whom they are placed. Sometimes the portions left on the dishes from which the food is served and which are carried back to the kitchen are not worked up into palatable dishes and served again as they might be. In many such ways as this, wastes occur and the aggregate is much larger than one would naturally think. This is simply in accordance with the general fact that unless we are extremely careful in the management of our resources, we fail to utilize the whole and the loss is likely to be much greater

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than we realize until we have found exactly how much it amounts to.

Notwithstanding the difficulty of close economy in large establishments, such economies are necessary. We have only to look at the experience of our great manufacturing establishments and railroad enterprises to see how necessity is forcing a more and more careful economy and how possible it is to economize when the attempt is made in a rational and thorough way. The same principle applies in the food management of hospitals.

GENERAL CONCLUSIONS.**COMPARISON OF DIETARIES OF NEW YORK HOSPITALS WITH OTHER DIETARIES AND DIETARY STANDARDS.**

It will be interesting to compare the figures obtained for the dietaries and food consumption of New York hospitals with those obtained from other studies. This is done in Table I, which is mainly reprinted from the previous report. It will be observed that in this table the quantities given are, unless otherwise stated, those estimated per man rather than per person per day.

In general, the amount per woman per day is assumed to be 0.8 and per person per day 0.9 as much as those per man per day, although in the hospital dietaries here reported, the amounts eaten by the women were in general, about 0.7 as much as those eaten by men.

The figures in this table for American families were taken from a considerable number of studies by the writer and associates in various parts of the United States.* The quantities represent in most instances the food actually eaten.

The figures for foreign dietaries are selected from a very considerable number collated from various sources.† They represent

*See Reports of Storrs Experiment Station for 1891-97, sundry bulletins of the Office of Experiment Stations of the U. S. Department of Agriculture on dietary studies and article on "Results of Dietary Studies" by A. P. Bryant in the Yearbook of the United States Department of Agriculture for 1898.

†For details see Bulletin No. 21 of the Office of Experiment Stations, United States Department of Agriculture, on "Investigations on the Chemistry and Economy of Food," pages 141-198.

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the total food, but the allowance for waste would generally be very small except in the German army rations for time of war, when food is exposed to loss in the exigencies of marching and fighting.

The dietary standards were explained on pages 48 and 49 of the previous report. They are based upon more or less extended observation and experiment. They make allowance only for the inevitable waste in ordinary households which would be very small.

The tentative physiological standard for the New York hospitals for the insane is the one referred to above.

Further statements regarding the data of this table may be found on pages 83 to 90 of the previous report.

TABLE I
Actual Dietsaries and Dietary Standards

[Quantities per man per day when not otherwise stated]

ACTUAL DIETARIES AND DIETARY STANDARDS					Fuel value	
	Protein	Fat	Carbohydrates	Calories		
				Grams	Calories	
<i>Ordinary dietaries, American</i>						
Average of 10 farmers' families ¹	97	130	467		2,615	
Average of 14 mechanics' families ¹	103	150	402		3,465	
Average of 14 professional men's families ¹	104	125	423		3,325	
Average of 38 families above.....	102	136	427		3,425	
<i>Ordinary dietaries, Foreign</i>						
Students, Japan.....	98	16	438		2,345	
Young University assistant, Germany.....	100	100	240		2,325	
Lawyer, Germany.....	80	125	228		2,400	
Well-to-do elderly mechanic, Germany.....	117	68	345		2,520	
Physician, Germany.....	134	102	292		2,695	
Physician, Denmark.....	135	140	250		2,885	
Well-fed tailors (prisoners), England.....	181	39	525		3,055	
Mechanics, Germany.....	122	34	370		3,150	
Hard worked weavers (prisoners), England.....	151	43	623		3,570	
Inmates of home for old women, Munich, Germany ²	80	49	266		1,875	
Inmates of home for old men and women, Munich, Germany ²	92	45	332		2,155	
German army, peace ration.....	114	39	480		2,800	
German army, war ration.....	134	58	489		3,095	
German army, extraordinary war ration.....	192	45			3,985	

STATE COMMISSION IN LUNACY

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<i>New York Hospitals for the Insane</i>					
largest, per person per day	106	130	342	3,045	
Average, per person per day	129	148	513	4,010	
Average, per person per day	113	137	427	3,490	
Average, per man per day	126	152	473	3,875	
St. Lawrence Hospital, 1898-99, actually eaten, per person per day ..	73	76	317	2,806	
Dr. Flint's dietary for New York hospitals, per person per day	133	158	442	3,825	
Dr. Flint's dietary for New York hospitals, per man per day	148	175	491	4,250	
<i>General dietary standards</i>					
Subsistence diet, Playfair	57	14	341	1,760	
Old man with little exercise, Voit	100	68	350	2,475	
Old woman with little exercise, Voit	80	50	260	1,860	
Man at moderately hard muscular work, Voit	118	56	500	3,055	
Man at light muscular labor, Atwater	112	4	4	3,000	
Man without muscular labor, Atwater	90	4	4	2,400	
Woman without muscular labor, Atwater	80	4	4	2,100	
Tentative physiological standard for hospitals, per person per day ³ ..	94	4	4	2,625	
Same, as above, per man per day ³	104	4	4	2,920	

¹ Food actually eaten, i. e., not including waste.

² Per person per day.

³ As explained on pages 73-76 of the Report for 1897-98. Food actually eaten.

* Fats and carbohydrates in sufficient amounts to furnish, with the protein, the requisite energy.

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IMPROVEMENT OF DIETARIES—HYGIENIC AND HUMANITARIAN
CONSIDERATIONS.

The reduction of cost is not the only object, nor, from my own standpoint, at least, should it be the chief object of an inquiry such as that here reported. The humanitarian considerations, it seems to me, should be uppermost. Some of the inmates of the hospital may be cured. Whatever can be done to facilitate their cure is certainly desirable. Of the incurables, a large number have a keen appreciation of the comforts and discomforts of their situation. They are men and women like ourselves. Some of them are our relatives and friends. It is not due to either their fault or our virtue that they are there instead of us. To do away as far as possible with their discomforts, to provide as much as possible the things which contribute to their happiness is certainly desirable. One of the encouraging features of modern philanthropy is found in the increased attention given to just such considerations as these in the care of the dependent classes.

What I wish to urge here is that the fitting of the food to the demands of health on the one hand and the making of the dishes palatable and the table attractive on the other are a proper part of the general policy of hospital improvement.

If this investigation shall be continued in fitting ways, I believe it will be possible to learn much of the methods by which the food may be better adapted to the actual needs of the patients of the different classes. I believe also that it will be possible to devise improvements in the cooking and serving of the food which will fit it better to the varying tastes of the hospital population and, at the same time, make the tables more attractive. This, of course, is to a large extent a matter of practical skill in the kitchen and the dining-room and is a thing to be gradually cultivated. It is accomplished to a greater or less extent in hospitals for the sick and in hotels and in private families. It is, to be sure, somewhat costly but, unless I err, the skill and care that are needed are very much of the same kind that are required for the economizing of the food so that much can be done in these directions while the total cost will be diminished.

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I speak cautiously on this subject because the facts upon which definite statements should rest accumulate slowly. I hope that efforts which are already begun may bring such results as to warrant a further and more satisfactory discussion of the subject in a later report.

SUMMARY.

The work here reported for the year 1898-99 consisted mainly of studies of the amounts, chemical composition and nutritive values of the food materials cooked, served and eaten in the Long Island, Brooklyn Department, and the St. Lawrence State Hospitals. The studies in the former institution were made with a small portion and those in the latter with nearly the whole of the hospital population.

The striking fact which the investigations bring out is the small quantity of food eaten as compared with that supplied. In the St. Lawrence Hospital the food actually eaten is estimated to furnish only 73 grams ($2\frac{1}{2}$ ounces) of protein and 2,300 calories of energy per person per day for the average of a population of 1,750 people. In the previous report the food supplied to the whole population of the New York State hospitals in the year 1897-98 was estimated to furnish 113 grams of protein and 3,490 calories of energy. The studies thus far made do not suffice to show with certainty how accurately the food consumption in the St. Lawrence Hospital, at the time of the studies there, represents the average for the total hospital population of the state. But it is noticeable that the figures obtained for St. Lawrence agreed very closely with those for similar classes of people at the Long Island Hospital and it is hardly probable that the general average differs very widely from those of the dietary studies thus far made. If we take these figures as a measure, it would appear that out of the total food supplied to the hospitals only a little over two-thirds was actually eaten.

This disparity between the food purchased and the food eaten is less strange than the mere figures would imply. The economical management of the food supply of such establishments is

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not an easy matter. The leaks are more numerous and harder to stop and the aggregate amount of loss much greater than one can well realize until he has seen the statistics. No one is especially to blame that losses occur. To avoid all waste of food is impracticable. The best that can be done is to reduce the waste to a minimum. The experience in establishments when large numbers of people are to be fed is like that in our great business enterprises where the saving of food economizing is coming to be felt. What is wanted is, first, to know the facts and, second, to devise means for improvement.

Important as are the considerations of the welfare of the hospital, the health and the comfort of both patients and employees, there is opportunity for the development of improved economic management.

The special object of the establishment of a standard dietary for hospitals is to provide a ration for nourishment upon the physiological demand of the population. To find what is that demand, it is necessary to learn the needs of the different classes of the population. From the needs of the different classes, the average need of the population as a whole can be determined. This average physiological demand will be expressed in terms of nutrients and energy and can be translated into quantities of food materials. To this physiological standard must be added a certain amount of food material to make up for shrinkage and waste. The amount of this addition will depend upon the degree of economy practised in the management of the storeroom, the kitchen and the dining-room. It is important to learn how to reduce the wastes to a minimum.

It is also important to learn more of the digestibility and nutritive values of the food materials, the methods of cooking which will make the food most digestible, palatable and attractive, the means for substituting dearer by cheaper food, and thus fitting the food to the demands of health and general welfare of the patients while improving its quality and reducing its costs.

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To bring these things about, scientific inquiry and practical skill are needed. The physiological needs will be best learned by actual feeding experiments in which the effects of different kinds and amounts of food will be tested. Such experiments will also give opportunity to learn more of the digestibility and nutritive values of the different food materials and the methods of cooking and serving by which the food will be made most palatable and attractive while the nutritive value is most completely realized. The means for improving the kitchen and dining-room management will be best learned by the help of skilled specialists in those subjects. Efforts in all these directions are already begun, and it is hoped that the results may be set forth in a future report.

It may be added that one of the most encouraging facts in connection with this investigation is found in the hearty co-operation of the Commission in Lunacy and the officers of the hospitals in the effort to find how advances in these various directions may be made. The unifying of the management of these institutions under the care of the State is very advantageous in that it greatly facilitates such effort.

APPENDIX.

The appendix herewith contains details of the data upon which the preceding report is largely based. The several parts will explain themselves.

COMPOSITION OF FOOD MATERIALS.

Table 1 beyond gives the figures used for estimating the amounts of nutrients contained in the food materials of the several dietary studies. The majority of the food materials used in these studies were cooked before being sent to the table and the composition was thus more or less changed. There were in addition a number of mixed or made dishes prepared from a number of different food materials. The composition of the foods as served was calculated from the weights and kinds of raw ingredients, loss

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of weight during cooking and the average composition of the different raw ingredients as shown by averages of analysis of these. The figures for average composition were taken from Bul. 28 (revised) of the U. S. Dept. Agr., Office of Experiment Stations, on the Chemical Composition of American Food Materials. The calculations of the composition of the cooked foods were somewhat complicated and it is thought advisable to reserve the details of the methods and results for special publication at some other time. The figures in Table 1 beyond show the estimated composition of the different foods as served. In most instances the composition is calculated from the data given below. In a number of cases the figures were taken directly from Bul. 28, above referred to. Such cases are designated in the table by the letter "b." In a very few instances the food materials were analyzed and are indicated by the letter "a."

In the following descriptions, the abbreviation "e. p." refers to the edible portion of any given material, while "a. p." refers to the material as purchased including refuse, such as bone, tendon, shell, skins, seeds, etc. The term protein is abbreviated to "prot" and carbohydrates to "carb." The percentages of protein, fat and carbohydrates given in parentheses are those used in calculating the nutrients in the raw food materials.

DESCRIPTION OF FOOD MATERIALS.

No. 1. Roast Beef.—Average of four samples, a, b, c and d.

- a. Raw, a. p., 136 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 105.1 lbs.; cooked, e. p., 67.4 lbs.; fat cooked out, 4 lbs.
- b. Raw, a. p., 53.75 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 42.65 lbs.; cooked, e. p., 31.15 lbs.; fat cooked out, 4 lbs.
- c. Raw, a. p., 52.75 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 44.32 lbs.; cooked, e. p., 26.34 lbs.; fat cooked out, 6 lbs.
- d. Raw, a. p., 49.5 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 33.55 lbs.; cooked, e. p., 22.13 lbs.; fat cooked out, 4 lbs.

No. 2. Roast Beef.—Average of four samples, a, b, c and d.*

- a. No. 3. Used, 9.38 lbs.
- b. Raw, a. p., 39 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 30.75 lbs.; cooked, e. p., 20.25 lbs.; fat cooked out, 1.75 lbs. Used, 8.75 lbs.

*In obtaining this average, account was taken of the weight and composition of each sample as actually used in the study, i. e., the weight of nutrients in the amount of each sample used was calculated and the sum of these divided by the total weight of samples used gave the average.

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c. Raw, a. p., 36.75 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 29.85 lbs.; cooked, e. p., 19.7 lbs. Used, 12.12 lbs.

d. Raw, a. p., 44.25 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 36 lbs.; cooked, e. p., 22.5 lbs. Used, 10.5 lbs.

No. 3. *Roast Beef*.—Raw, a. p., 263.25 lbs.; raw, e. p. (prot., 16.5%; fat, 20.1%), 208.05 lbs.; cooked, e. p., 137.68 lbs.; fat cooked out, 14.25 lbs.

No. 4. *Roast Beef*.—Average of three samples, a, b and c. (See note for No. 2.)

a. No. 3. Used, 18.5 lbs.

b. No. 2c. Used, 8.12 lbs.

c. No. 2d. Used, 5.5 lbs.

No. 5. *Roast Beef*.—Raw, a. p., 54.5 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 41.6 lbs.; cooked, e. p., 26.75 lbs.; fat cooked out, 1.5 lbs.

No. 6. *Roast Beef*.—Raw, a. p., 268 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 213.5 lbs.; cooked, e. p., 137 lbs.; fat cooked out, 12 lbs.

No. 7. *Roast Beef*.—Raw, a. p., 43 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 33.5 lbs.; cooked, e. p., 20.30 lbs.; fat cooked out, 2.5 lbs.

No. 8. *Roast Beef*.—Raw, a. p., 50 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 35.4 lbs.; cooked, e. p., 21.2 lbs.

No. 9. *Roast Beef*.—Average of two samples, a and b.

a. Raw, a. p., 265 lbs.; raw, e. p. (prot., 18.1%; fat, 22%), 227 lbs.; cooked, e. p., 190.5 lbs.

b. Raw, a. p., 262 lbs.; raw, e. p. (prot., 18.1%; fat, 22%), 246.8 lbs.; cooked, e. p., 213.2 lbs.

No. 10. *Roast Beef*.—Average of three samples, a, b and c.

a. 201.5 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 251.10 lbs.; cooked, 148.05 lbs.; fat cooked out, 21.75 lbs.

b. 159 lbs.; raw, e. p. (prot., 19%; fat, 13.4%), 120.4 lbs.; cooked, e. p., 76.4 lbs.; fat cooked out, 13.5 lbs.

c. 256 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 203.5 lbs.; cooked, e. p., 132.18 lbs.; fat cooked out, 15.5 lbs.

No. 11. *Roast Beef*.—Average of eight samples, a to h.

a. Raw, a. p., 67 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 56 lbs.; cooked, e. p., 32 lbs.; fat cooked out, 3.87 lbs.

b. Raw, a. p., 103 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 81 lbs.; cooked, e. p., 64.5 lbs.; fat cooked out, 4.5 lbs.

c. Raw, a. p., 201.75 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 155.55 lbs.; cooked, e. p., 123 lbs.; fat cooked out, 10.25 lbs.

d. Raw, a. p., 122 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 100.2 lbs.; cooked, e. p., 51.7 lbs.; fat cooked out, 13 lbs.

e. Raw, a. p., 184 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 148.25 lbs.; cooked, e. p., 68.45 lbs.; fat cooked out, 24.25 lbs.

f. Raw, a. p., 50 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 35.7 lbs.; cooked, e. p., 20.5 lbs.; fat cooked out, 5.5 lbs.

g. Raw, a. p., 124.5 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 100.3 lbs.; cooked, e. p., 60.5 lbs.; fat cooked out, 11.75 lbs.

h. Raw, a. p., 79.5 lbs.; raw, e. p. (prot., 18.5%; fat, 18.8%), 57.2 lbs.; cooked, e. p., 32.2 lbs.; fat cooked out, 10 lbs.

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No. 12. *Roast Beef*.—Raw, a. p., 51 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 42.47 lbs.; cooked, e. p., 29.25 lbs.; fat cooked out, 4 lbs.

No. 13. *Roast Beef*.—Average of five samples, a to e.

a. Raw, a. p., 47.5 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 40.62 lbs.; cooked, e. p., 30.75 lbs.; fat cooked out, 5.5 lbs.

b. Raw, a. p., 48.75 lbs.; raw, e. p. (prot., 19.6%; fat, 11.9%), 41.32 lbs.; cooked, e. p., 28 lbs.

c. Raw, a. p., 49 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 35.46 lbs.; cooked, e. p., 22.94 lbs.

d. No. 12.

e. No. 14.

No. 14. *Roast Beef*.—Raw, a. p., 57 lbs.; raw, e. p. (prot., 17.5%; fat, 26.6%), 48 lbs.; cooked, e. p., 32.5 lbs.; fat cooked out, 3.75 lbs.

No. 15. *Soup Beef*.—Average of four samples, a, b, c and d.

a. Raw, a. p., 47.5 lbs.; raw, e. p. (prot., 20.9%; fat, 5.6%), 23.57 lbs.; cooked, e. p., 16.12 lbs.

b. Raw, a. p., 56 lbs.; raw, e. p. (prot., 20.9%; fat, 5.6%), 37.15 lbs.; cooked, e. p., 26.25 lbs.

c. Raw, a. p., 48.75 lbs.; raw, e. p. (prot., 20.9%; fat, 5.6%), 28.22 lbs.; cooked, e. p., 17.3 lbs.

d. Raw, a. p., 52 lbs.; raw, e. p. (prot., 20.9%; fat, 5.6%), 28.80 lbs.; cooked, e. p., 19.5 lbs.

No. 16. *Corned Beef*.—Raw, a. p., 290 lbs.; raw, e. p. (prot., 15.6%; fat, 26.2%), 272.85 lbs.; cooked, e. p., 216.65 lbs.

No. 17. *Corned Beef*.—Raw, a. p., 303 lbs.; raw, e. p. (prot., 15.6%; fat, 26.2%), 234.8 lbs.; cooked, e. p., 206.5 lbs.

No. 18. *Corned Beef*.—Average of Nos. 16 and 17.

No. 20. *Veal*.—Raw, a. p., 48.75 lbs.; raw, e. p. (prot., 18.7%; fat, 18.9%), 38.3 lbs.; cooked, e. p., 23 lbs.; fat cooked out, 5.5 lbs.

No. 21. *Veal*.—Raw, a. p., 54 lbs.; raw, e. p. (prot., 18.7%; fat, 18.9%), 44.1 lbs.; cooked, e. p., 26.75 lbs.; fat cooked out, 6.75 lbs.

No. 22. *Roast Mutton*.—Raw, a. p., 199.5 lbs.; raw, e. p. (prot., 12.6%; fat, 48.2%), 170.1 lbs.; cooked, e. p., 82.37 lbs.; fat cooked out, 54.25 lbs.

No. 23. *Roast Mutton*.—Raw, a. p., 44 lbs.; raw, e. p. (prot., 17.7%; fat, 19.9%), 39.6 lbs.; cooked, e. p., 23.75 lbs.; fat cooked out, 1.25 lbs.

No. 24. *Roast Mutton*.—Raw, a. p., 47.25 lbs.; raw, e. p. (prot., 12.6%; fat, 48.2%), 42.3 lbs.; cooked, e. p., 14.5 lbs.; fat cooked out, 11.75 lbs.

No. 25. *Roast Mutton*.—Raw, a. p., 359.25 lbs.; raw, e. p. (prot., 12.6%; fat, 48.2%), 307.25 lbs.; cooked, e. p., 239.25 lbs.; fat cooked out, 67.4 lbs.

No. 26. *Roast Pork*.—Raw, a. p., 524 lbs.; raw, e. p. (prot., 9.1%; fat, 55.3%), 392.4 lbs.; cooked, e. p., 210 lbs.; fat cooked out, 70.25 lbs.

No. 27. *Roast Pork*.—Average of two samples, a and b.

a. Raw, a. p., 429.5 lbs.; raw, e. p. (prot., 9.1%; fat, 55.3%), 345.5 lbs.; cooked, e. p., 167.5 lbs.; fat cooked out, 79 lbs.

b. Raw, a. p., 365.5 lbs.; raw, e. p. (prot., 9.1%; fat, 55.3%), 287.8 lbs.; cooked, e. p., 150.1 lbs.; fat cooked out, 60.25 lbs.

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No. 28. *Roast Pork*.—Raw, a. p., 90.25 lbs.; raw, e. p. (prot., 15.3%; fat, 28.9%), 52.3 lbs.; cooked, e. p., 28.25 lbs.; fat cooked out, 5.25 lbs.

No. 31. *Pigs' Feet*.—Raw, e. p. (prot., 15.8%; fat, 26.3%), 12.5 lbs.; cooked, 9.5 lbs.

No. 32. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 28 lbs.; cooked, e. p., 11.75 lbs.; fat cooked out, 10.25 lbs.

No. 33. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 19.5 lbs.; cooked, e. p., 9.5 lbs.; fat cooked out, 8.5 lbs.

No. 34. *Bacon*.—Average of Nos. 32 and 33.

No. 35. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 42.5 lbs.; cooked, e. p., 19 lbs.; fat cooked out, 17.75 lbs.

No. 36. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 40.5 lbs.; cooked, e. p., 13.25 lbs.; fat cooked out, 20 lbs.

No. 37. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 149.5 lbs.; cooked, e. p., 69 lbs.; fat cooked out, 53.75 lbs.

No. 38. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 50.5 lbs.; fat cooked out, 14.12 lbs.; cooked, 27.88 lbs.

No. 39. *Bacon*.—Raw, e. p. (prot., 9.9%; fat, 67.4%), 28.5 lbs.; cooked, e. p., 11.75 lbs.; fat cooked out, 10.75 lbs.

No. 40. *Liver and Bacon*.—Bacon (prot., 9.1%; fat, 62.2%), 18.5 lbs.; liver, e. p. (prot., 20.7%; fat, 4.5%; carb., 1.5%), 6.3 lbs.; butter, .25 lb.; cooked 65.5 lbs.

No. 41. *Liver and Bacon*.—Liver, e. p. (prot., 20.7%; fat, 4.5%; carb., 1.5%), 39.75 lbs.; bacon, e. p. (prot., 9.9%; fat, 23.8%), 67.5 lbs.; bacon and liver from No. 40. 40.5 lbs.; cooked, 99.1 lbs.

No. 42. *Sausage*.—Raw (prot., 13%; fat, 44.2%), 100 lbs.; cooked, e. p., 65.75 lbs.; fat cooked out, 9 lbs.

No. 43. *Hashed Meat*.—Mutton, No. 23, 15.25 lbs.; broth meat, (prot., 31.4%; fat, 8.4%), 19.5 lbs.; corned beef (canned), 9.25 lbs.; cold shoulder (prot., 20.2%; fat, 22.4%), 15 lbs.; roast beef (prot., 30.7; fat, 7.6%), 30.5 lbs.; fat, .25 lb.; cooked, 92 lbs.

No. 44. *Sea Bass*.—Raw, e. p. (prot., 19.8%; fat, 0.5%), 8.5 lbs.; cooked, e. p., 4.37 lbs.

No. 45. *Fresh Cod*.—Raw, e. p., 20.25 lbs.; lard, 2.75 lbs.; baked, 17.25 lbs.

No. 46. *Fresh Cod*.—Raw, e. p. (prot., 16.5%; fat, 0.4%), 88.75 lbs.; cooked, 58.5 lbs.

No. 47. *Fresh Cod*.—Raw, e. p. (prot., 16.5%; fat, 0.4%), 20.6 lbs.; lard, 3 lbs.; flour, 2.9 lbs.; cooked, 12.75 lbs.

No. 48. *Fresh Cod*.—Raw, a. p., 101.9 lbs.; raw, e. p. (prot., 16.5%; fat, 1), 97.4 lbs.; cooked, e. p., 82.5 lbs.

No. 49. *Fresh Cod*.—Raw, a. p., 305 lbs.; raw, e. p. (prot., 16.5%; fat, 1), 214.5 lbs.; cooked, e. p., 153.7 lbs.

50. *Cod with white and weak fish*.—Average of the edible portion of from Bulletin 28.

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No. 51. *Fresh Cod*.—Raw, a. p., 41.75 lbs.; raw, e. p. (prot., 16.5%; fat, 0.4%), 27.75 lbs.; boiled, a. p., 29.75 lbs.; boiled, e. p., 15.75 lbs.

No. 52. *Shad*.—Raw, a. p., 22 lbs.; raw, e. p. (prot., 18.8%; fat, 9.5%), 16.25 lbs.; baked, e. p., 10 lbs.

No. 53. *Baked Sole*.—Lard, 3.75 lbs.; sole (prot., 14.2%; fat, 0.6%), 23 lbs.; baked, 24.25 lbs.

No. 54. *Fried Sole*.—Sole (prot., 14.2%; fat, 0.6%), 23.25 lbs.; meal, 1.25 lbs.; butter, 2.5 lbs.; cooked, 28.5 lbs.

No. 55. *Weak Fish*.—Raw, a. p., 195.5 lbs.; raw, e. p. (prot., 17.8%; fat, 2.4%), 164 lbs.; cooked, e. p., 121.75 lbs.

No. 56. *Baked Weak Fish*.—Fish, e. p., 209 lbs.; farina, 4 lbs.; flour, 1 lb.; lard, 6 lbs.; baked, 178.5 lbs.

No. 58. *Baked Salmon*.—Salmon (prot., 21.8%; fat, 12.1%), 60.5 lbs.; lard, 2.25 lbs.; weight, baked, 37 lbs.

No. 59. *Salt Salmon*.—Raw, a. p., 197 lbs.; raw, e. p. (prot., 20.7%; fat, 15%), 133.75 lbs.; cooked, e. p., 82 lbs.

No. 60. *Salt Salmon*.—Raw, a. p., 286.5 lbs.; raw, e. p. (prot., 20.7%; fat, 15%), 223 lbs.; cooked, e. p., 135.62 lbs.

No. 61. *Salt Salmon*.—Salt salmon (prot., 20.7%; fat, 15%), 82.25 lbs.; cooked, 63.5 lbs.

No. 63. *Cod Fish Balls*.—Salt cod, e. p. (prot., 25.4%; fat, 0.3%), 48.5 lbs.; potatoes, 81.75 lbs.; fat, 9 lbs.; fried, 109.5 lbs.

No. 64. *Creamed Cod Fish*.—Salt cod, e. p., 101 lbs.; milk, 184.5 lbs.; flour, 30 lbs.; eggs, 7 lbs.; cooked, 405 lbs.

No. 65. *Clam Chowder*.—Clams, solid, 126 lbs.; onions, 64.75 lbs.; butter, 7.5 lbs.; canned tomatoes, 56 lbs.; soda crackers, 30 lbs.; flour, 16.25 lbs.; potatoes, 201.5 lbs.; cooked, 1,023.5 lbs.

No. 66. *Barley Soup*.—Beef drippings,* 5.75 lbs.; barley, 10 lbs.; flour, 6.5 lbs.; turnips, 7.25 lbs.; onions, 5 lbs.; cooked, 164.25 lbs.

No. 67. *Barley Soup*.—Beef drippings,* 9.5 lbs.; onions, e. p., 20 lbs.; flour, 8.75 lbs.; barley, 20 lbs.; soup meat, e. p., 16.25 lbs.; stock from soup meat,* 104.0 lbs.; cooked, 360 lbs.

No. 68. *Bean Soup*.—Beans, 40 lbs.; lard, 2.25 lbs.; cooked, 156.75 lbs.

No. 69. *Soup*.—Beef (prot., 9.6%; fat, 5.3%), 155.25 lbs.; cooked roast beef (prot., 21.3%; fat, 25.9%), 81.25 lbs.; barley, 6.25 lbs.; canned tomatoes, 28 lbs.; flour, 11 lbs.; cooked, 562.5 lbs.

No. 70. *Creamed Rice Soup*.—Beef stock,* 5 lbs.; beef drippings,* 2 lbs.; flour, 6.5 lbs.; rice, 9 lbs.; onions, 5.75 lbs.; cooked, 166.5 lbs.

No. 71. *English Beef Soup*.—Beef drippings,* 6.5 lbs.; flour, 8 lbs.; rice, 11.5 lbs.; cooked, 163.75 lbs.

No. 72. *English Beef Soup*.—Stock from roast beef bones,* 64.5 lbs.; roast beef gravy (prot., 1%; fat, 0.1%; carb., 6.9%), 26.5 lbs.; rice, 15.25 lbs.; carrots, 21.75 lbs.; onions, 11.5 lbs.; turnips, 26 lbs.; stock from soup meat,* 81.5 lbs.; weight, cooked, 369.12 lbs.

*Nutrients, assumed too small to take into account.

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No. 73. *English Beef Soup*.—Soup stock,* 277.13 lbs.; barley, 11.75 lbs.; potatoes, 18 lbs.; butter, 4.13 lbs.; turnips, 37.5 lbs.; onions, 20.75 lbs.; tomatoes (canned), 22.25 lbs.; stock from roast beef,* 8.5 lbs.; flour, 11.5 lbs.; cooked, 597.88 lbs.

No. 74. *English Beef Soup*.—Stock from steak trimmings,* 91.63 lbs.; flour, 16.5 lbs.; fat, 2 lbs.; tomatoes, canned, 39.5 lbs.; stock from roast beef, 20 lbs.; barley, 20 lbs.; cooked, 569.9 lbs.

No. 75. *Beef Soup*.—Beef,† 11.75 lbs.; barley, 10 lbs.; flour, 3.5 lbs.; onions, 12 lbs.; beefsteak (prot., 2.26%; fat, 2.8%), 3.25 lbs.; cooked, 140.75 lbs.

No. 76. *Pea Soup*.—Stock,* 109.10 lbs.; cooked bacon, from No. 38, 5 lbs.; split peas, 95.5 lbs.; cooked, 590.6 lbs.

No. 77. *Pea Soup*.—Split peas, 46 lbs.; bacon, 2.5 lbs.; cooked, 172.25 lbs.

No. 78. *Rice Soup*.—Rice, 10 lbs.; roast beef gravy, No. 124, 9 lbs.; onions, 13.75 lbs.; flour, 4.5 lbs.; milk, 19 lbs.; tomatoes (canned), 36.5 lbs.; stock from soup beef,* 142.5 lbs.; cooked, 375.25 lbs.

No. 79. *Tomato Soup*.—Butter, 3.25 lbs.; lard, 4 lbs.; flour, 9 lbs.; onions, 17 lbs.; tomatoes (canned), 36.75 lbs.; rice, 6 lbs.; stock from soup beef,* 132.5 lbs.; stock from roast beef,* 1.75 lbs.; cooked, 324.75 lbs.

No. 80. *Tomato Soup*.—Rice, 13.75 lbs.; flour, 13.75 lbs.; evaporated cream, 8.5 lbs.; soup stock,* 112 lbs.; butter, 4 lbs.; stock from roast beef, 35.25 lbs.; cooked, 608.39 lbs.

No. 81. *Tomato Soup*.—Stock from roast beef and steak trimmings,* 105 lbs.; barley, 15 lbs.; butter, 6 lbs.; flour, 19.25 lbs.; tomatoes (canned), 77 lbs.; cooked, 629.13 lbs.

No. 82. *Vegetable Soup*.—Beef drippings,* 3.12 lbs.; turnips, 23.5 lbs.; onions, 11 lbs.; rice, 5 lbs.; flour, 5.75 lbs.; cooked, 169.5 lbs.

No. 83. *Vegetable Soup*.—Onions, 20 lbs.; turnips, 26.45 lbs.; potatoes, 16.5 lbs.; rice, 12.75 lbs.; roast beef gravy (prot., 2.2%; fat, 0.3%; carb., 14.3%), 5.25 lbs.; stock from soup beef,* 129.75 lbs.; cooked, 350.62 lbs.

No. 84. *Vegetable Soup*.—Onions, 27.75 lbs.; cabbage, 22 lbs.; turnips, 30.25 lbs.; carrots, 19.75 lbs.; rice, 12.75 lbs.; roast beef gravy (prot., 1.8%; fat, 0.2%; carb., 12.1%), 6 lbs.; stock from beef for soup,* 205 lbs.; cooked, 403 lbs.

No. 85. *Soup*.—Beef,† 85.5 lbs.; macaroni, 8 lbs.; barley, 10.25 lbs.; turnips, 22 lbs.; onions, 4.75 lbs.; flour, 12 lbs.; tomatoes (canned), 28 lbs.; cooked, 517 lbs.

No. 86. *Vegetable Soup*.—Beef drippings,* 2.75 lbs.; flour, 3.25 lbs.; onions, 13.75 lbs.; turnips, 20.25 lbs.; cabbage, 13.75 lbs.; rice, 3.5 lbs.; 1, 142 lbs.

87. *Beef Stew*.—Stew meat (prot., 16.5%; fat, 29.1%), 139.75 lbs.; (fat out, 14.25 lbs.) onions, 0.75 lbs.; flour, 9 lbs.; cooked, 179 lbs.

*s, assumed too small to take into account.
† for flavor and removed after cooking.

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No. 88. *Beef Potpie*.—Beef (prot., 16.5%; fat, 19.6%), 121.5 lbs.; flour, 10.5 lbs.; dumplings, 66.37 lbs.; potatoes, 97.75 lbs.; cooked, 399.75 lbs.

No. 89. *Stew*.—Beef (prot., 16.5%; fat, 29.1%), 52 lbs.; potatoes, 69 lbs.; onions, 18.5 lbs.; flour, 8.5 lbs.; tomatoes (canned), 14 lbs.; cooked, 215.75 lbs.

No. 90. *Stew*.—Beef (prot., 16.5%; fat, 29.1%), 104 lbs.; potatoes, 196.75 lbs.; flour, 6.75 lbs.; tomatoes (canned), 28 lbs.; onions, 26 lbs.; cooked roast beef (prot., 21.3%; fat, 25.9%), 13 lbs.; cooked soup beef (prot., 31.4%; fat, 8.4%), 53.5 lbs.; bread crumbs, 13.25 lbs.; cooked, 624.25 lbs.

No. 91. *Stew*.—Beef (prot., 16.5%; fat, 29.1%), 66.5 lbs.; boiled mutton (prot., 16.2%; fat, 33.8%), 18.5 lbs.; potatoes, 114 lbs.; flour, 9.5 lbs.; dumplings, 66.37 lbs.; tomatoes (canned), 28 lbs.; onions, 26 lbs.; cooked corned beef (prot., 18.6%; fat, 18.6%; carb., 4.7%; carb., 47.3%), 4 lbs.; stew meat (prot., 23.7%; fat, 17.1%), 36.25 lbs.; flour, 5.5 lbs.; cooked, 417.5 lbs.

No. 92. *Beef Stew*.—Beef (prot., 16.5%; fat, 29.1%), 65 lbs.; potatoes, 114 lbs.; onions, 12 lbs.; flour, 7.25 lbs.; cooked corned beef (prot., 18.6%; fat, 18.6%; carb., 4.7%; carb., 47.3%), 20 lbs.; stew meat (prot., 23.7%; fat, 17.1%), 36.25 lbs.; flour, 5.5 lbs.; cooked, 417.5 lbs.

No. 93. *Beef Stew*.—Beef (prot., 16.5%; fat, 29.1%), 108 lbs.; mutton (prot., 16.2%; fat, 33.8%), 18.5 lbs.; potatoes, 114 lbs.; onions, 12 lbs.; flour, 7.25 lbs.; cooked corned beef (prot., 18.6%; fat, 18.6%; carb., 4.7%; carb., 47.3%), 20 lbs.; stew meat (prot., 23.7%; fat, 17.1%), 36.25 lbs.; flour, 5.5 lbs.; cooked, 417.5 lbs.

No. 94. *Stew*.—Beef and mutton (prot., 16%; fat, 29.5%), 104 lbs.; potatoes, 143 lbs.; onions, 36 lbs.; tomatoes (canned), 42 lbs.; cooked, 391.25 lbs.

No. 95. *Beef Stew*.—Cold roast beef (prot., 21.6%; fat, 26.2%), 97 lbs.; corned beef (prot., 19.6%; fat, 33%), 20 lbs.; potatoes, 170 lbs.; onions, 43 lbs.; turnips, 54 lbs.; tomatoes (canned), 21 lbs.; stew* 24 lbs.; flour, 10 lbs.; cooked, 404.25 lbs.

No. 96. *Stew*.—Meat (prot., 15.7%; fat, 29.1%), 100 lbs.; stew from No. 95, 103 lbs.; potatoes, 112 lbs.; onions, 26 lbs.; cooked, 377 lbs.

No. 97. *Soup*.—Beef (prot., 15.7%; fat, 29.1%), 110 lbs.; stew from No. 94, 79 lbs.; potatoes, 105 lbs.; barley, 12.5 lbs.; macaroni, 7.5 lbs.; parsley and leeks (prot., 2.7%; fat, 0.5%; carb., 6.1%),† 16.5 lbs.; tomatoes (canned), 21.5 lbs.; cooked, 582 lbs.

No. 98. *Beef Stew*.—Beef (prot., 15.7%; fat, 29.1%), 100 lbs.; potatoes, 188 lbs.; turnips, 18 lbs.; tomatoes (canned), 21 lbs.; onions, 17 lbs.; cooked, 603 lbs.

No. 99. *Stew*.—Meat (prot., 15.7%; fat, 29.1%), 97 lbs.; leeks, 24 lbs.; barley, 11 lbs.; flour, 7 lbs.; stew, from No. 96, 30 lbs.; cooked, 466.75 lbs.

No. 100. *Beef Stew*.—Stew meat (prot., 23.7%; fat, 17.1%), cooked, e. p., 36.25 lbs.; flour, 5.5 lbs.; cooked, 41.75 lbs.

*Stew used in No. 95. Beef (prot., 15.7; fat, 29.1), 100 lbs.; potatoes, 45 lbs; tomatoes (canned), 28 lbs.; onions, 24 lbs.; flour, 12 lbs.; cooked, 242 lbs.

†Average of the two.

ata for the Insane

lbs.; cooked, 326.87 lbs.

lbs.; cooked, 353.25 lbs.

25.5 lbs.; cooked, 143.62 lbs.

4 lbs.; cooked, 355.5 lbs.

74 lbs.; cooked, 356 lbs.

80 lbs.; cooked, 418 lbs.

15 lbs.; cooked, 347 lbs.

67.25 lbs.; cooked, 399.5 lbs.

54.25 lbs.; cooked, 311 lbs.

17.5 lbs.; cooked, 89.75 lbs.

19 lbs.; cooked, 118.75 lbs.

22 lbs.; cooked, 172 lbs.

n.—(Amount of four recipes for average.) Corn

137.5 lbs.

ush.—Corn meal, 36.25 lbs.; baked, 225.75 lbs.

ush.—Corn meal, 27 lbs.; cooked, 215.5 lbs.

Mush.—Corn meal, 58 lbs.; cooked, 320 lbs.

Mush.—Corn meal, 51.5 lbs.; cooked, 285.5 lbs.

d Mush.—Corn meal, 50 lbs.; cooked, 296 lbs.

al Mush.—Corn meal, 17.5 lbs.; cooked, 98.75 lbs.

eat Mush.—Corn meal, 40 lbs.; cooked, 196 lbs.

teal Mush.—Corn meal, 38 lbs.; cooked, 213.5 lbs.

teal Mush.—Corn meal, 17.75 lbs.; cooked, 101 lbs.

Mush.—Corn meal, 17 lbs.; boiled, 106.5 lbs.; adhering to
remainder baked, 75.25 lbs.Mush.—Corn meal, 19.25 lbs.; boiled, 115 lbs.; waste in
remainder baked, 95 lbs.Mush.—Corn meal, 30.75 lbs.; lard, 5.25 lbs.; cooked, 232
ling, 5 lbs.; remainder baked, 201.75 lbs.

Farina, 50 lbs.; cooked, 183 lbs.

Farina, 40 lbs.; cooked, 205 lbs.

Farina, 76 lbs.; cooked, 378.5 lbs.

Hominy, 56.5 lbs.; cooked, 266.25 lbs.

Hominy, 38.5 lbs.; cooked, 195.5 lbs.

Hominy, 63 lbs.; cooked, 327.5 lbs.

Hominy, 36.5 lbs.; cooked, 230.9 lbs.

Hominy, 40 lbs.; cooked, 241 lbs.

iny (for frying).—Hominy, 39.5 lbs.; cooked, 189.5

ominy, 30.5 lbs.; cooked, 161.5 lbs.

ominy, 19.5 lbs.; cooked, 106.25 lbs.

iny, 16 lbs.; cooked, 76.12 lbs.

iny, 40 lbs.; cooked, 112.25 lbs.

Boiled hominy (No. 181), 152.5 lbs.; fat for fry-
lbs.

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- No. 117. *Hash*.—Roast beef (prot., 30.7%; fat, 7.6%), 53 lbs.; corned beef (canned), 13 lbs.; potatoes, 89 lbs.; baked, 189.25 lbs.
- No. 118. *Hash*.—Average of two samples, a and b.*
 a. No. 103. Used, 13.75 lbs.
 b. No. 105. Used, 19.25 lbs.
- No. 119. *Hash*.—Average of two samples, a and b.*
 a. No. 103. Used, 86.50 lbs.
 b. No. 105. Used, 73.25 lbs.
- No. 120. *Gravy*.—Milk, 16 lbs.; butter, 2.5 lbs.; flour, 5 lbs.; eggs, 2.25 lbs.; cooked, 30.5 lbs.
- No. 121. *Gravy (roast beef)*.—Flour, 2 lbs.; cooked, 22 lbs.
- No. 122. *Gravy (roast beef)*.—Flour, 9.5 lbs.; cooked, 103 lbs.
- No. 124. *Gravy*.—Flour, 2.5 lbs.; cooked, 14.5 lbs.
- No. 125. *Roast Pork Gravy*.—Flour, 14.25 lbs.; stock, 40 lbs.; prepared, 106.5 lbs.
- No. 126. *Gravy*.—Flour, 7.5 lbs.; cooked, 119.4 lbs.
- No. 127. *Baked Fish Gravy*.—Flour, 12.25 lbs.; cooked, 153.5 lbs.
- No. 128. *Fresh Pork Gravy*.—Flour, 9 lbs.; cooked, 168.75 lbs.
- No. 129. *Mutton Broth Gravy*.—Flour, 10.5 lbs.; cooked, 100 lbs.
- No. 130. *Roast Beef Gravy*.—Flour, 10 lbs.; cooked, 56.75 lbs.
- No. 131. *Roast Beef Gravy*.—Flour, 11 lbs.; cooked, 80 lbs.
- No. 132. *Roast Beef Gravy*.—Flour, 11 lbs.; cooked, 100.5 lbs.
- No. 133. *Roast Beef Gravy*.—Flour, 4.75 lbs.; cooked, 89.25 lbs.
- No. 134. *Gravy*.—Flour, 1.75 lbs.; milk, 5.75 lbs.; cooked, 27.5 lbs.
- No. 140. *Scrambled Eggs*.—Eggs, 192 lbs.; milk, 45.75 lbs.; cooked, 240.62 lbs.
- No. 141. *Oatmeal*.—Rolled oats, 14 lbs.; cooked, 95.25 lbs.
- No. 142. *Oatmeal*.—Average of four samples, a, b, c and d.*
 a. Rolled oats, 26.5 lbs.; cooked, 202 lbs. Used, 14.5 lbs.
 b. Rolled oats, 45.25 lbs.; cooked, 208.75 lbs. Used, 3.5 lbs.
 c. Rolled oats, 37.5 lbs.; cooked, 223.37 lbs. Used, 1.75 lbs.
 d. Rolled oats, 30.5 lbs.; cooked, 211.25 lbs. Used, 4.5 lbs.
- No. 143. *Oatmeal*.—Average of four samples, a, b, c and d.*
 a. No. 142a. Used, 83.75 lbs.
 b. No. 142b. Used, 85 lbs.
 c. No. 142c. Used, 63.5 lbs.
 d. No. 142d. Used, 67.5 lbs.
- No. 144. *Oatmeal*.—Average of four samples, a, b, c and d.*
 a. No. 142a. Used, 52 lbs.
 b. No. 142b. Used, 43.25 lbs.
 c. No. 142c. Used, 45.87 lbs.
 d. No. 142d. Used, 45.75 lbs.
- No. 145. *Oatmeal*.—Rolled oats, 31.5 lbs.; cooked, 201.5 lbs.
- No. 146. *Oatmeal*.—Rolled oats, 37 lbs.; cooked, 189 lbs.
- No. 147. *Oatmeal*.—Rolled oats, 35 lbs.; cooked, 184.75 lbs.

*See note to No. 2.

Dieteries for Hospitals for the Insane

- No. 148. *Oatmeal*.—Rolled oats, 78 lbs.; cooked, 326.87 lbs.
- No. 149. *Oatmeal*.—Rolled oats, 65 lbs.; cooked, 353.25 lbs.
- No. 150. *Oatmeal*.—Rolled oats, 39.5 lbs.; cooked, 143.62 lbs.
- No. 151. *Oatmeal*.—Rolled oats, 51 lbs.; cooked, 355.5 lbs.
- No. 152. *Oatmeal*.—Rolled oats, 74 lbs.; cooked, 356 lbs.
- No. 153. *Oatmeal*.—Rolled oats, 80 lbs.; cooked, 418 lbs.
- No. 154. *Oatmeal*.—Rolled oats, 45 lbs.; cooked, 347 lbs.
- No. 155. *Oatmeal*.—Rolled oats, 67.25 lbs.; cooked, 399.5 lbs.
- No. 156. *Oatmeal*.—Rolled oats, 54.25 lbs.; cooked, 311 lbs.
- No. 157. *Oatmeal*.—Rolled oats, 17.5 lbs.; cooked, 89.75 lbs.
- No. 158. *Oatmeal*.—Rolled oats, 19 lbs.; cooked, 118.75 lbs.
- No. 159. *Oatmeal*.—Rolled oats, 22 lbs.; cooked, 172 lbs.
- No. 160. *Corn Meal Mush*.—(Amount of four recipes for average.) Corn meal, 66.5 lbs.; cooked, 437.5 lbs.
- No. 161. *Corn Meal Mush*.—Corn meal, 36.25 lbs.; baked, 225.75 lbs.
- No. 162. *Corn Meal Mush*.—Corn meal, 27 lbs.; cooked, 215.5 lbs.
- No. 163. *Corn Meal Mush*.—Corn meal, 58 lbs.; cooked, 320 lbs.
- No. 164. *Corn Meal Mush*.—Corn meal, 51.5 lbs.; cooked, 285.5 lbs.
- No. 165. *Corn Meal Mush*.—Corn meal, 50 lbs.; cooked, 296 lbs.
- No. 166. *Corn Meal Mush*.—Corn meal, 17.5 lbs.; cooked, 98.75 lbs.
- No. 167. *Corn Meal Mush*.—Corn meal, 40 lbs.; cooked, 196 lbs.
- No. 168. *Corn Meal Mush*.—Corn meal, 38 lbs.; cooked, 213.5 lbs.
- No. 169. *Corn Meal Mush*.—Corn meal, 17.75 lbs.; cooked, 101 lbs.
- No. 170. *Baked Mush*.—Corn meal, 17 lbs.; boiled, 106.5 lbs.; adhering to the kettle, 8 lbs.; remainder baked, 75.25 lbs.
- No. 171. *Baked Mush*.—Corn meal, 19.25 lbs.; boiled, 115 lbs.; waste in cooking, 7 lbs.; remainder baked, 95 lbs.
- No. 172. *Baked Mush*.—Corn meal, 30.75 lbs.; lard, 5.25 lbs.; cooked, 232 lbs.; waste in boiling, 5 lbs.; remainder baked, 201.75 lbs.
- No. 173. *Farina*.—Farina, 50 lbs.; cooked, 183 lbs.
- No. 174. *Farina*.—Farina, 40 lbs.; cooked, 205 lbs.
- No. 175. *Farina*.—Farina, 76 lbs.; cooked, 378.5 lbs.
- No. 176. *Hominy*.—Hominy, 56.5 lbs.; cooked, 266.25 lbs.
- No. 177. *Hominy*.—Hominy, 38.5 lbs.; cooked, 195.5 lbs.
- No. 178. *Hominy*.—Hominy, 63 lbs.; cooked, 327.5 lbs.
- No. 179. *Hominy*.—Hominy, 36.5 lbs.; cooked, 230.9 lbs.
- No. 180. *Hominy*.—Hominy, 40 lbs.; cooked, 241 lbs.
- No. 181. *Boiled Hominy* (for frying).—Hominy, 39.5 lbs.; cooked, 189.5 lbs.
- No. 182. *Hominy*.—Hominy, 30.5 lbs.; cooked, 161.5 lbs.
- No. 183. *Hominy*.—Hominy, 19.5 lbs.; cooked, 106.25 lbs.
- No. 184. *Hominy*.—Hominy, 16 lbs.; cooked, 76.12 lbs.
- No. 185. *Hominy*.—Hominy, 40 lbs.; cooked, 112.25 lbs.
- No. 186. *Fried Hominy*.—Boiled hominy (No. 181), 152.5 lbs.; fat for frying, 10.25 lbs.; fried, 107.5 lbs.

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- No. 187. *Cracked Wheat*.—Cracked wheat, 35 lbs.; cooked, 132.5 lbs.
- No. 188. *Cracked Wheat*.—Cracked wheat, 40 lbs.; cooked, 197 lbs.
- No. 189. *Wheat Flakes*.—Wheat flakes, 30 lbs.; cooked, 169.5 lbs.
- No. 190. *Wheat Flakes*.—Wheat flakes, 40.75 lbs.; cooked, 311 lbs.
- No. 191. *Bread*. Average of two samples, a and b. . .
- a. Spring wheat flour (prot., 11.4%; fat, 1%; carb., 75.1%), 405 lbs.; corn flour (prot., 7.1%; fat, 1.3%; carb., 78.4%), 146 lbs.; baked, 832 lbs.
 - b. Spring wheat flour, 413 lbs.; corn flour, 146 lbs.; baked, 775.9 lbs.
- No. 192. *Biscuit*.—Flour, 75.5 lbs.; baking powder, 4.5 lbs.; lard, 16.25 lbs.; eggs, 3.38 lbs.; milk, 41.25 lbs.; cooked, 132.75 lbs.
- No. 193. *Biscuit*.—Flour, 52.75 lbs.; lard, 6.5 lbs.; eggs, 4.85 lbs.; milk, 25.4 lbs.; butter, 5.5 lbs.; baked, 81.5 lbs.
- No. 194. *Boiled Rice*.—Rice, 18 lbs.; milk, 19.5 lbs.; cooked, 88.25 lbs.
- No. 195. *Boiled Rice*.—Rice, 25.5 lbs.; butter, 2 lbs.; milk, 7.5 lbs.; cooked, 119.25 lbs.
- No. 196. *Boiled Rice*.—Rice, 17.5 lbs.; milk, 6 lbs.; boiled, 79.75 lbs.
- No. 197. *Boiled Rice*.—Rice, 15.25 lbs.; evaporated cream, 4.5 lbs.; cooked, 78 lbs.
- No. 198. *Boiled Rice*.—Rice, 40 lbs.; milk, 79.5 lbs.; sugar, 14.5 lbs.; cooked, 317.35 lbs.
- No. 199. *Boiled Rice*.—Rice, 40.5 lbs.; cooked, 195 lbs.
- No. 200. *Boiled Rice*.—Rice, 39.75 lbs.; cooked, 214.5 lbs.
- No. 201. *Boiled Rice*.—Rice, 34.56 lbs.; milk, 68.18 lbs.; cooked, 207.75 lbs.
- No. 202. *Blanc Mange*.—Corn starch, 10 lbs.; sugar, 16 lbs.; milk, 33.5 lbs.; butter, 2.13 lbs.; eggs, 8.5 lbs.; cooked, 82.5 lbs.
- No. 203. *Bread Pudding*.—Bread, 7 lbs.; butter, 3 lbs.; sugar, 9.5 lbs.; eggs, 8 lbs.; milk, 14.75 lbs.; baked, 38.5 lbs.
- No. 204. *Bread Pudding*.—Bread, 11.75 lbs.; milk, 12.75 lbs.; sugar, 9.5 lbs.; eggs, 6.75 lbs.; butter, 2.5 lbs.; mixture, 43.25 lbs.; deducted for No. 206, 9.5 lbs.; remainder after baking, 26 lbs.
- No. 205. *Bread Pudding*.—Bread, 16 lbs.; sugar, 9 lbs.; eggs, 8 lbs.; baked 82.5 lbs.
- No. 206. *Bread Pudding*.—Employees' pudding, 95 lbs.; bread, 17.5 lbs.; gingerbread (No. 247), 8.75 lbs.; sugar, 9.5 lbs.; eggs, 5 lbs.; baked, 96.75 lbs.
- No. 207. *Bread Pudding*.—Bread, 6.75 lbs.; milk, 11 lbs.; sugar, 4.63 lbs.; eggs, 5.75 lbs.; raisins, 3 lbs.; butter, 1 lb.; cooked, 31 lbs.
- No. 208. *Bread Pudding*.—Bread, 57 lbs.; sugar, 17.88 lbs.; raisins, 9.25 lbs.; eggs, 14.25 lbs.; milk, 32.5 lbs.; cooked, 190.75 lbs.
- No. 209. *Bread Pudding*.—Bread, 5 lbs.; milk, 14.25 lbs.; raisins, 2 lbs.; sugar, 4.25 lbs.; butter, .75 lb.; eggs, 3.75 lbs.; baked, 26.5 lbs.
- No. 210. *Bread Pudding*.—Bread, 48.5 lbs.; eggs, 10.50 lbs.; milk, 29 lbs., sugar, 14.25 lbs.; raisins, 9.75 lbs.; cooked, 194.75 lbs.

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No. 211. *Bread Pudding*.—Bread (No. 191), 27.5 lbs.; gingercake (prot., 6.5%; fat, 8.3%; carb., 55.3%), 42 lbs.; coffee cake (No. 245), 42 lbs.; butter, 3 lbs.; eggs, 17 lbs.; sugar, 34.25 lbs.; milk, 123.75 lbs.; baked, 317.13 lbs.

No. 212. *Bread Pudding*.—Johnny cake (baked before study), (prot., 7.5%; fat, 10.1%; carb., 45.5%), 19 lbs.; Johnny cake (No. 264), 24.5 lbs.; bread, 35 lbs.; eggs, 19.25 lbs.; milk, 93.25 lbs.; butter, 10 lbs.; sugar, 38.9 lbs.; raisins, 7 lbs.; baked, 279 lbs.

No. 213. *Corn Starch Pudding*.—Corn starch, 10 lbs.; milk, 43.25 lbs.; sugar, 18.75 lbs.; butter, 2.75 lbs.; eggs, 8.75 lbs.; cooked, 106.75 lbs.

No. 214. *Corn Starch Pudding*.—Corn starch, 10 lbs.; evaporated cream, 8.5 lbs.; sugar, 14.5 lbs.; butter, 1.63 lbs.; eggs, 4.75 lbs.; cooked, 90.75 lbs.

No. 215. *Corn Starch Pudding*.—Milk, 88.75 lbs.; corn starch, 16.75 lbs.; evaporated cream, 8.25 lbs.; sugar, 16.5 lbs.; eggs, 5.75 lbs.; cooked, 211.25 lbs.

No. 216. *Corn Starch Pudding*.—Corn starch, 16.5 lbs.; eggs, 7 lbs.; milk, 63 lbs.; sugar, 13.75 lbs.; cooked, 210.25 lbs.

No. 217. *Corn Starch Pudding*.—Corn starch, 22.25 lbs.; milk, 130.63 lbs.; butter, 1.12 lbs.; sugar, 19 lbs.; eggs, 8.75 lbs.; cooked, 259.57 lbs.

No. 218. *Corn Starch Pudding*.—Corn starch, 25 lbs.; milk, 115.25 lbs.; butter, 3.75 lbs.; sugar, 20 lbs.; eggs, 10.75 lbs.; cooked, 303 lbs.

No. 219. *Farina Pudding*.—Farina, 32 lbs.; milk, 72.87 lbs.; evaporated cream, 8.75 lbs.; sugar, 18.68 lbs.; butter, 2.25 lbs.; eggs, 11.25 lbs.; cooked, 204.75 lbs.

No. 220. *Farina Pudding*.—Farina, 22.5 lbs.; milk, 46.25 lbs.; sugar, 14.25 lbs.; eggs, 9.25 lbs.; cooked, 171.5 lbs.

No. 221. *Farina Pudding*.—Farina, 33.5 lbs.; milk, 33 lbs.; sugar, 18.75 lbs.; evaporated cream, 8.5 lbs.; butter, 1.25 lbs.; eggs, 9.5 lbs.; cooked 238.62 lbs.

No. 222. *Rice Pudding*.—Rice, 3.5 lbs.; evaporated cream, 1 lb.; sugar, 6.75 lbs.; butter, 1.25 lbs.; eggs, 4 lbs.; baked, 28.5 lbs.

No. 223. *Rice Pudding*.—Average of two samples, a and b.*

a. Rice, 4 lbs.; eggs, 3 lbs.; milk, 9.7 lbs.; raisins, 2 lbs.; sugar, 2.25 lbs.; cooked, 24.5 lbs. Used, 21 lbs.

b. Rice, 4.94 lbs.; milk, 3.07 lbs.; eggs, 3.75 lbs.; sugar, 3 lbs.; butter, .87 lbs.; raisins, 1 lb.; cooked, 28.62 lbs. Used, 24.6 lbs.

No. 224. *Rice Pudding*.—Rice, 32.5 lbs.; eggs, 9 lbs.; sugar, 11 lbs.; milk, 40 lbs.; cooked, 162 lbs.

No. 225. *Rice Pudding*.—Rice, 5.25 lbs.; milk, 5.25 lbs.; eggs, 4.74 lbs.; raisins, 2.5 lbs.; sugar, 5 lbs.; total, 32.5 lbs.; used, 29.25 lbs.; baked, 25.25 lbs.

No. 226. *Rice Pudding*.—Rice, 31 lbs.; milk, 31.25 lbs.; sugar, 10.75 lbs.; mixture from No. 225, but without raisins (prot., 4%; fat, 2.2%; carb., 29%), 3.5 lbs.; cooked, 172.5 lbs.

No. 227. *Rice Pudding*.—Rice, 58.88 lbs.; sugar, 14 lbs.; evaporated cream, 8.5 lbs.; milk, 88.75 lbs.; cooked, 266 lbs.

* See note to No. 2, page 260.

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No. 228. *Rice Pudding*.—Rice, 53 lbs.; sugar, 14 lbs.; milk, 64.75 lbs.; cooked, 309.25 lbs.

No. 229. *Rice Pudding*.—Rice, sugar and milk, 50 lbs.; milk and eggs, 7 lbs.; raisins, 4 lbs.; cooked, 58.5 lbs.

No. 230. *Rice Pudding*.—Rice, sugar and milk, 80.10 lbs.; eggs and milk, 12.25 lbs.; milk, 6 lbs.; cooked, 273.5 lbs.

No. 231. *Rice Pudding*.—Rice, 29.5 lbs.; sugar, 7.5 lbs.; milk (condensed), 8.25 lbs.; cooked, 182.5 lbs.

No. 232. *Rice Pudding*.—Rice, 16.84 lbs.; boiled rice, 46.5 lbs.; milk (condensed), 19.25 lbs.; sugar, 1.5 lbs.

No. 233. *Sago Pudding*.—Sago, 10 lbs.; milk (condensed), 13.5 lbs.; sugar, 5 lbs.; cooked, 124 lbs.

No. 234. *Sago Pudding*.—Sago, 10 lbs.; milk (condensed), 7.75 lbs.; butter, .25 lbs.; 9.75 lbs.; cooked, 124 lbs.

No. 235. *Tapioca Pudding*.—Tapioca, 10 lbs.; milk, 24 lbs.; evaporated cream, 8.5 lbs.; sugar, 7.5 lbs.; baked, 86.25 lbs.

No. 236. *Tapioca Pudding*.—Tapioca, 10 lbs.; milk, 5.25 lbs.; sugar, 6.2 lbs.; eggs, 3.25 lbs.; baked, 86.25 lbs.

No. 237. *Tapioca Pudding*.—Tapioca, 10 lbs.; of mixture B, 5.5 lbs.; cooked, 41.5 lbs.

No. 238. *Tapioca Pudding*.—Tapioca, 10 lbs.; of mixture B, 13.25 lbs.; cooked, 249.25 lbs.

No. 239. *Tapioca Pudding*.—Tapioca, 70 lbs.; sugar, 12.25 lbs.; milk (condensed), 15.6 lbs.; cooked, 415.5 lbs.

No. 240. *Tapioca Pudding*.—Tapioca, 15 lbs.; sugar, 3 lbs.; milk (condensed), 8.25 lbs.; cooked, 95.5 lbs.

No. 241. *Tapioca Pudding*.—Tapioca, 16.86 lbs.; milk (condensed), 14.75 lbs.; sugar, 5 lbs.; cooked, 117 lbs.

No. 242. *Tapioca Pudding*.—Tapioca, 13.6 lbs.; sugar, 5.5 lbs.; milk (condensed), 17 lbs.; cooked, 202.75 lbs.

No. 243. *Tapioca Pudding*.—Tapioca, 17.25 lbs.; milk (condensed), 7.27 lbs.; sugar, 5.25 lbs.; cooked, 125.75 lbs.

No. 244. *Coffee Cake*.—Flour, 49 lbs.; milk, 30.5 lbs.; sugar, 27.25 lbs.; lard, 5 lbs.; butter, 6.75 lbs.; eggs, 10.75 lbs.; baked, 121.88 lbs.

No. 245. *Coffee Cake*.—Flour, 74 lbs.; evaporated cream, 8.5 lbs.; lard, 14.13 lbs.; eggs, 14 lbs.; sugar, 26 lbs.; cooked, 162 lbs.

No. 246. *Ginger Cake*.—Flour, 32.25 lbs.; syrup, 23.75 lbs.; sugar, 5.13 lbs.; evaporated cream, 4.75 lbs.; eggs, 4.5 lbs.; lard, 4.5 lbs.; baked, 80.13 lbs.

No. 247. *Ginger Cake*.—Flour, 34.25 lbs.; sugar, 8.25 lbs.; syrup, 22.25 lbs.; lard, 5.5 lbs.; evaporated cream, 4.5 lbs.; eggs, 3.25 lbs.; baked, 82.5 lbs.

*For Nos. 229 and 230, two mixtures were made, one of rice, 45.5 lbs.; sugar, 18.5 lbs.; milk, 66.1 lbs.; and the other of eggs, 10 lbs.; milk, 9.25 lbs.

†For Nos. 237 and 238, two mixtures were made, A and B. A consisted of tapioca, 40 lbs.; sugar, 21 lbs.; milk, 92 lbs. B consisted of milk, 8 lbs.; eggs, 10.75 lbs.

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No. 248. *Ginger Cake*.—Eggs, 6.5 lbs.; lard, 6.5 lbs.; syrup, 23.75 lbs.; sugar, 11.25 lbs.; flour, 49 lbs.; baked, 100.25 lbs.

No. 249. *Ginger Cake*.—Flour, 43 lbs.; syrup, 35 lbs.; lard, 7.75 lbs.; sour milk, 21.5 lbs.; eggs, 5.75 lbs.; sugar, 8 lbs.; baked, 111.62 lbs.

No. 250. *Ginger Cake*.—Eggs, 12.25 lbs.; evaporated cream, 3.5 lbs.; milk, 22 lbs.; flour, 82 lbs.; lard, 13.75 lbs.; syrup, 46 lbs.; sugar, 6 lbs.; baked, 188 lbs.

No. 251. *Ginger Cake*.—Lard, 12.5 lbs.; eggs, 11 lbs.; sugar, 4 lbs.; syrup, 58 lbs.; evaporated cream, 8.25 lbs.; flour, 92 lbs.; baked, 202 lbs.

No. 252. *Ginger Cake*.—Flour, 84 lbs.; eggs, 11 lbs.; lard, 16.75 lbs.; syrup, 55 lbs.; sugar, 10 lbs.; milk, 52 lbs.; baked, 198 lbs.

No. 253. *Ginger Cake*.—Butter, 15 lbs.; flour, 84 lbs.; baking powder, 4.5 lbs.; sugar, 39 lbs.; eggs, 25 lbs.; milk (condensed), 31.5 lbs.; ginger, .5 lbs.; baked, 196.5 lbs.

No. 254. *Ginger Cake*.—Flour, 29.25 lbs.; eggs, 5 lbs.; butter, 3.5 lbs.; ginger, .25 lbs.; baking powder, 1.5 lbs.; syrup, 33 lbs.; baked, 63.75 lbs.

No. 255. *Ginger Cake*.—Flour, 24.25 lbs.; baking powder, 1.5 lbs.; butter, 4.5 lbs.; ginger, .25 lbs.; syrup, 30.75 lbs.; eggs, 5 lbs.; baked, 78.25 lbs.

No. 256. *Ginger Cake*.—Flour, 19.75 lbs.; butter, 5 lbs.; baking powder, .75 lbs.; sugar, 5.75 lbs.; milk (condensed), 9.25 lbs.; eggs, 5.5 lbs.; ginger, .25 lbs.; baked, 70.5 lbs.

No. 257. *Cake*.—Flour, 30 lbs.; baking powder, .75 lbs.; butter, 9.75 lbs.; sugar, 9.5 lbs.; eggs, 8.75 lbs.; milk (condensed), 11.5 lbs.; water, 11.5 lbs.; baked, 70 lbs.

No. 258. *Johnny Cake*.—Corn meal, 18.5 lbs.; flour, 13 lbs.; eggs, 4.13 lbs.; lard, 3.75 lbs.; sugar, 6.13 lbs.; evaporated cream, 8.75 lbs.; baked, 75.75 lbs.

No. 259. *Johnny Cake*.—Average of two samples, a and b.*

a. Flour, 36 lbs.; corn meal, 25 lbs.; lard, 10 lbs.; sugar, 16 lbs.; baking powder, 5 lbs.; eggs, 12.62 lbs.; cooked, 126.25 lbs. Used, 42.75 lbs.

b. Corn meal, 39.75 lbs.; flour, 29.25 lbs.; sugar, 16 lbs.; eggs, 12 lbs.; milk, 25 lbs.; lard, 11.25 lbs.; cooked, 147.62 lbs. Used, 57.5 lbs.

No. 260. *Johnny Cake*.—Average of two samples, a and b.*

a. No. 259a. Used, 24.5 lbs.

b. No. 259b. Used, 54 lbs.

No. 261. *Johnny Cake*.—Flour, 35 lbs.; meal, corn, 27.25 lbs.; lard, 13.25 lbs.; eggs, 10.25 lbs.; sugar, 17 lbs.; milk, 17 lbs.; baked, 136.25 lbs.

No. 262. *Johnny Cake*.—Flour, 17.75 lbs.; meal, 26.25 lbs.; lard, 10 lbs.; eggs, 10.75 lbs.; sugar, 19.5 lbs.; milk, 47.5 lbs.; baked, 129.25 lbs.

No. 263. *Johnny Cake*.—Eggs, 22 lbs.; flour, 36 lbs.; corn meal, 40 lbs.; , 20.25 lbs.; baking powder, 7 lbs.; evaporated cream, 8.5 lbs.; lard, ; baked, 173 lbs.

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No. 264. *Johnny Cake*.—Corn meal, 28 lbs.; sugar, 14 lbs.; flour, 71.75 lbs.; eggs, 18.5 lbs.; lard, 15 lbs.; milk, 57.75 lbs.; baked, 214 lbs.

No. 265. *Johnny Cake*.—Flour, 66 lbs.; corn meal, 18.75 lbs.; eggs, 15.5 lbs.; lard, 13.5 lbs.; milk, 56 lbs.; sugar, 17 lbs.; baked, 174 lbs.

No. 266. *Green Apple Sauce*.—Apples with skins, 178 lbs.; apple sauce,* 27 lbs.; sugar, 8.5 lbs.; cooked, 240 lbs.

No. 267. *Green Apple Sauce*.—Apples with skins, 110 lbs.; sugar, 4 lbs.; cooked, 100.5 lbs.

No. 268. *Green Apple Sauce*.—Apples, 178 lbs.; sauce from employees (prot., 0.5%; fat, 0.7%; carb., 2.7%), 27 lbs.; sugar, 8.5 lbs.; cooked, 240 lbs.

No. 269. Average of two samples, Nos. 270 and 271.

No. 270. *Dried Apple Sauce*.—Dried apples, 22.5 lbs.; sugar, 8.5 lbs.; cooked, 82.37 lbs.

No. 271. *Dried Apple Sauce*.—Dried apples, 14.25 lbs.; sugar, 8 lbs.; cooked, 75 lbs.

No. 272. *Dried Apple Sauce*.—Dried apples, 9.5 lbs.; sugar, 7 lbs.; cooked, 42.5 lbs.

No. 273. *Dried Apple Sauce*.—Dried apples, 37.75 lbs.; sugar, 17.75 lbs.; cooked, 197.38 lbs.

No. 274. *Dried Apple Sauce*.—Average of two samples, a and b.

a. Dried apples, 33 lbs.; sugar, 12.5 lbs.; cooked, 143.75 lbs. Used, 7 lbs.

b. Dried apples, 44.38 lbs.; sugar, 10.68 lbs.; cooked, 199.75 lbs. Used, 24.13 lbs.

No. 275. *Dried Apple Sauce*.—Average of two samples, a and b.†

a. No. 274a. Used 81.5 lbs.

b. No. 274b. Used 67.25 lbs.

No. 276. *Dried Apple Sauce*.—Average of two samples.*

a. No. 274a. Used 42 lbs.

b. No. 274b. Used 38.25 lbs.

No. 277. *Dried Apple Sauce*.—Dried apples, 22.5 lbs.; sugar, 6 lbs.; cooked, 141.5 lbs.

No. 278. *Dried Apple Sauce*.—Dried apples, 23.5 lbs.; sugar, 4.75 lbs.; cooked, 89.5 lbs.

No. 279. *Dried Apple Sauce*.—Dried apples, 44.5 lbs.; sugar, 11.25 lbs.; cooked, 237.13 lbs.

No. 280. *Dried Apple Sauce*.—Dried apples, 31.5 lbs.; sugar, 19 lbs.; cooked, 215.25 lbs.

No. 281. *Dried Apple Sauce*.—Dried apples, 26.5 lbs.; sugar, 16 lbs.; cooked, 177 lbs.

No. 282. *Dried Apple Sauce*.—Dried apples, 45.25 lbs.; sugar, 3.75 lbs.; cooked, 194 lbs.

* Apple sauce used in No. 266. Apples, 122 lbs.; sugar, 2.5 lbs.; cooked, 91.5 lbs.

† See note to No. 2, page 260.

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No. 283. *Dried Apple Sauce*.—Dried apples, 75 lbs.; sugar, 7.25 lbs.; cooked, 333 lbs.

No. 284. *Dried Apple Sauce*.—Dried apples, 33.5 lbs.; sugar, 5.75 lbs.; cooked, 183.25 lbs.

No. 287. *Prune Sauce*.—Dried prunes, 60.5 lbs.; sugar, 12.75 lbs.; cooked, 166.13 lbs.

No. 288. *Prune Sauce*.—Dried prunes, 49 lbs.; sugar, 10.5 lbs.; cooked, 130 lbs.

No. 289. *Pudding Sauce*.—Eggs, 1 lb.; sugar, 2.5 lbs.; milk, 16 lbs.; cooked, 19.5 lbs.

No. 294. *Baked Beans*.—Beans, 61.5 lbs.; lard, 5 lbs.; boiled, 160.5 lbs.; waste in boiling, 10.25 lbs.; baked, 138.5 lbs.

No. 295. *Beans*.—Average of Nos. 296 and 297.

No. 296. *Beans*.—Beans, 72.25 lbs.; bacon, cooked, (prot., 18.3%; fat, 65.5%), 11.5 lbs.; cooked, 222.25 lbs.

No. 297. *Beans*.—Beans, 49.5 lbs.; salt pork (prot., 1.9%; fat, 86.2%), 13.75 lbs.; cooked, 117.49 lbs.

No. 298. *Baked Beans*.—Beans, 50 lbs.; salt pork, 19.5 lbs.; total weight, 141.5 lbs.

No. 299. *Beans*.—Beans, 50 lbs.; pork, 17 lbs.; cooked, 133 lbs.

No. 300. *Baked Beans*.—Beans, 50 lbs.; pork, 15 lbs.; total weight, 160 lbs.

No. 301. *Beans*.—Beans, 45.5 lbs.; pork, 10 lbs.; cooked, 121 lbs.

No. 302. *Beans*.—Beans, 40 lbs.; pork, 10.5 lbs.; cooked, 138.5 lbs.

No. 303. *String Beans*.—Beans, 8.2 lbs.; milk, 16.5 lbs.; butter, .75 lbs.; cooked, 31 lbs.

No. 304. *String Beans*.—Cooked beans, No. 308, 16.25 lbs.; milk, 8.5 lbs.; butter, 0.4 lbs.; cooked, 25.15 lbs.

No. 305. *String Beans*.—Cooked beans, No. 310, 16.25 lbs.; milk, 11 lbs.; butter, 0.9 lbs.; cooked, 28.15 lbs.

No. 306. *String Beans*.—String beans, 11.6 lbs.; milk, 12 lbs.; butter, 0.5 lbs.; cooked, 28.87 lbs.

No. 307. *String Beans*.—Beans, 76.3 lbs.; milk, 19.5 lbs.; butter, 1.5 lbs.; cooked, 148.75 lbs.

No. 308. *String Beans*.—String beans, 126 lbs.; cooked, 114 lbs.

No. 309. *String Beans*.—String beans, 124 lbs.; cooked, 87 lbs.

No. 310. *String Beans*.—Beans, 77 lbs.; cooked, 56.5 lbs.

No. 311. *String Beans*.—String beans, 97.15 lbs.; butter, 1.25 lbs.; milk, 24 lbs.; cooked, 162.88 lbs.

No. 313. *Beet Greens*.—Cooked greens (prot., 3.5%; fat, 1.5%; carb., 15.4%), 64 lbs.; butter, 1.62 lbs.; prepared, 64 lbs.

*Beet greens, 185.5 lbs.; cooked, 123.5 lbs.; divided into two parts for No. 313 and No. 314.

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No. 314. *Beet Greens*.—Cooked greens (prot., 3.5%; fat, 1.5%; carb., 15.4%), 63.5 lbs.; butter, 1.25 lbs.; prepared, 61.63 lbs.

No. 319. *Green Peas*.—Green peas, 12.7 lbs.; milk, 14 lbs.; butter, 1.5 lbs.; cooked, 32 lbs.

No. 320. *Green Peas*.—Green peas, 55.3 lbs.; milk, 35.75 lbs.; butter, 1 lb.; cooked, 108.87 lbs.

No. 321. *Green Peas*.—Green peas, 82.25 lbs.; flour, 5.5 lbs.; butter, 3.25 lbs.; cold peas boiled before study (prot., 3.6%; fat, 0.2%; carb., 9.8%), 21.25 lbs.; milk, 29.5 lbs.; cooked, 232.63 lbs.

No. 322. *Green Peas*.—Cooked peas, No. 323, 29.5 lbs.; milk, 22.5 lbs.; cooked, 52 lbs.

No. 323. *Green Peas*.—Peas, 170 lbs.; flour, 8 lbs.; milk, 83.6 lbs.; butter, 3 lbs.; cooked, 282 lbs.

No. 325. *Mashed Potatoes*.—Potatoes, 56.25 lbs.; lard, 3.75 lbs.; prepared, 60 lbs.

No. 326. *Mashed Potatoes*.—Cooked potatoes, 41.5 lbs.; butter, 1.25 lbs.; lard, 1 lb.; milk, 4.25 lbs.; prepared, 48 lbs.

No. 327. *Mashed Potatoes*.—Potatoes, 69.75 lbs.; milk, 9.75 lbs.; prepared, 79.5 lbs.

No. 330. *Mashed Turnips*.—Turnips, 50 lbs.; lard, 3.5 lbs.; served, 53.5 lbs.

No. 331. *Mashed Turnips*.—Turnips, 25 lbs.; lard, 0.5 lbs.; served, 25.5 lbs.

No. 332. *Turnips*.—Turnips, 101.5 lbs.; lard, 3 lbs.; served, 104.5 lbs.

No. 333. *Turnips*.—Turnips, 156 lbs.; cooked, 134.5 lbs.

No. 335. *Turnips*.—Turnips, 465.75 lbs.; cooked, 490.25 lbs.

No. 336. *Dressing*.—Bread, 23.25 lbs.; lard, 2.75 lbs.; eggs, 9.5 lbs.; baked, 66.75 lbs.

No. 337. *Dressing*.—Bread, 23 lbs.; lard, 3 lbs.; eggs, 7 lbs.; milk, 7.5 lbs.; baked, 89.25 lbs.

No. 338. *Dressing*.—Bread, 8 lbs.; milk, 8.75 lbs.; butter, 3 lbs.; eggs, 6 lbs.; baked, 24.25 lbs.

No. 339. *Fish Dressing*.—Bread, 88 lbs.; eggs, 5.25 lbs.; lard, 10.75 lbs.; onions, 8 lbs.; baked, 232.4 lbs.

No. 340. *Fish Dressing*.—Bread, 63.5 lbs.; eggs, 5.75 lbs.; baked, 192 lbs.

No. 341. *Fish Dressing*.—Bread, 77.5 lbs.; eggs, 11.5 lbs.; butter, 1.75 lbs.; milk, 62.13 lbs.; baked, 221.5 lbs.

No. 342. *Dressing*.—Bread, 57.5 lbs.; butter, 9 lbs.; eggs, 7.5 lbs.; milk, 40.5 lbs.; baked, 254.5 lbs.

No. 343. *Macaroni*.—Macaroni, 19 lbs.; cooked, 95 lbs.

No. 344. *Macaroni and Cheese*.—Macaroni, 25 lbs.; cheese, 10 lbs.; milk, 4 lbs.; cooked, 118.5 lbs.

No. 345. *Macaroni and Cheese*.—Boiled macaroni, 84 lbs.; cheese, 8 lbs.; butter, 1 lb.; baked, 81.25 lbs.

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No. 346. *Macaroni and Cheese*.*—Boiled macaroni, 21.75 lbs.; milk, 6.25 lbs.; cheese, 5.25 lbs.; eggs, 1 lb.; butter, 0.25 lbs.; baked, 32.75 lbs.

No. 347. *Macaroni and Cheese*.—Macaroni, 62 lbs.; crackers, 3.5 lbs.; butter, 4.5 lbs.; cheese, 13 lbs.; baked, 270 lbs.

No. 348. *Macaroni and Cheese*.—Macaroni, 35.25 lbs.; cheese, 19.5 lbs.; cooked, 125.75 lbs.

No. 349. *Macaroni and Cheese*.—Macaroni, 30 lbs.; cheese, 9 lbs.; cooked, 163 lbs.

*Macaroni for macaroni and cheese, Nos. 345 and 346:—Macaroni, a. p., 25 lbs.; boiled, 112.75 lbs.; waste, 7 lbs.; available, 105.75 lbs.

Dietaries for Hospitals for the Insane

.....	10, 25.....	20	31.1	7.5	.....
.....	38, 39.....	21	30.8	6.9	.....
utton	38-40.....	22	26.0	33.7	.....
"	23-24.....	23	29.5	27.8	.....
"	9-10.....	24	36.8	59.5	.....
Mutton (boiled)	5-6.....	25	16.2	33.8	.....
Pork:					
Roast	5-8, 17-24	26	17.0	69.9	.....
"	29-37.....	27	18.1	66.4	.....
"	9-11.....	28	28.3	35.0	.....
Shoulder (b)	13, 14, 29-32, 34, 35, 38, 39	29	20.2	22.4	.....
Salt (a)	5-6, 13-16, 19, 25-28.....	30	7.9	81.6	.....
Pigs' feet	32.....	31	20.8	34.6	.....
Bacon	25-26.....	32	23.6	73.4	.....
"	25-26.....	33	20.3	48.9	.....
"	27.....	34	21.9	61.1	.....
"	13-14.....	35	22.1	57.3	.....
"	38-39.....	36	30.3	55.0	.....
"	16-24.....	37	21.5	68.0	.....
"	29, 33.....	38	17.9	71.4	.....
"	9-10, 12.....	39	24.0	72.0	.....
Liver and bacon	29.....	40	22.5	22.2	1.5
"	30-37.....	41	24.2	27.1	1.2
Sausage	9-12.....	42	19.8	53.5	1.7
Hashed meat	32.....	43	27.7	14.7	.....
Fish:					
Bass	29.....	44	38.5	1.0	.....
Cod (fresh)	25.....	45	19.4	16.4	.....
"	26-28.....	46	25.0	0.6	.....
"	13.....	47	29.3	24.4	17.1
"	14-15.....	48	19.5	0.5	.....

Dietaries for Hospitals for the Insane

TABLE 1—Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued)

FOOD MATERIALS	Dietaries in which the material was used	Reference number	Protein		Fat		Carbohydrates
			Per cent	Per cent	Per cent	Per cent	
Fish—(Continued)							
Cod (fresh)	16-18, 20-24	40	93.0	0.6			
" "	1-4		9.1	3.1			
" "	10, 12		19.1	0.7			
Shad (fresh)	21		10.6	15.4			
Sole (fresh)	10-11		3.5	16.0			
" "	9		2.1	8.0			3.8
Weak (fresh)	39-40		14.0	3.2			
" "	29-37		11.2	6.2			2.1
Mackerel (salt), fried (b)	1-2		17.3	26.4			
Salmon (salt)	25-28		15.7	25.9			
" "	38-40	59	33.8	24.5			
" "	16-24	60	34.0	24.7			
" "	9-12	61	26.8	19.4			
" " canned (b)	16-24	62	21.8	12.1			
Codfish balls	5-6	63	12.9	8.5			13.7
Creamed cod	29-37	64	8.9	2.2			7.8
Clam chowder	5-8	65	2.6	1.1			10.1
Soups:							
Barley	25-28	66	1.1	0.1			8.4
" "	13-15	67	2.3	3.0			6.7
Bean	9-12	68	5.7	1.9			15.2

Dieteries for Hospitals for the Insane

rice.....	7-8.....	69	4.3	5.2	2.5
beef.....	25-28.....	70	0.9	0.1	7.5
".....	25-28.....	71	1.1	0.1	9.2
".....	38-40.....	72	0.6	0.1	5.2
".....	16-24.....	73	0.6	0.7	4.5
".....	29-37.....	74	0.7	0.4	5.3
".....	9-12.....	75	1.5	0.2	8.2
Pea.....	29-37.....	76	4.1	0.8	10.0
".....	9-12.....	77	6.7	1.2	16.6
Rice.....	38-40.....	78	0.7	0.3	4.3
Tomato.....	13-15.....	79	0.7	2.2	4.5
".....	16-24.....	80	0.6	0.7	3.6
".....	29-37.....	81	0.7	0.9	4.6
Vegetable.....	25-28.....	82	0.9	0.1	6.6
".....	13-15, 22.....	83	0.6	0.1	5.1
".....	38-40.....	84	0.6	0.1	4.1
".....	7-8.....	85	0.8	0.1	5.1
".....	9-12.....	86	1.0	0.1	6.3
Stew:					
Beef.....	13-15.....	87	13.5	14.8	3.8
".....	38-40.....	88	7.1	8.3	13.8
".....	5-6.....	89	5.4	7.1	9.9
".....	7-8.....	90	7.0	6.2	8.3
".....	7-8.....	91	4.0	4.3	6.2
".....	6.....	92	6.2	8.8	9.5
".....	1-2, 4.....	93	5.8	8.8	8.3
".....	1-2.....	94	5.3	7.9	8.1
".....	1-2.....	95	8.2	8.8	12.5
".....	1-2.....	96	7.2	10.2	9.6
".....	3-4.....	97	4.6	6.6	7.4
".....	3-4.....	98	3.4	4.9	6.4

TABLE 1—Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued)

FOOD MATERIALS	Dieteries in which the material was used	Reference number	Dieteries for Hospitals for the Insane		
			Protein	Fat	Carbohydrates
			Per cent	Per cent	Per cent
Stew—(Continued)					
Beef.....	3-4.....	99	4.2	6.8	3.9
".....	25-28.....	100	22.1	1.5	9.9
Mutton.....	3, 4.....	101	4.8	6.5	9.7
Beef pot-pie.....	5.....	102	6.2	8.8	9.5
Hash:					
Beef.....	15.....	103	12.7	3.0	12.6
".....	25-28.....	104	16.3	9.0	18.4
".....	15.....	105	14.7	12.1	11.1
".....	38-40.....	106	10.5	6.3	9.6
".....	16-24.....	107	18.3	8.8	10.4
".....	16-24.....	108	17.1	6.2	9.7
".....	5-3.....	109	7.6	4.2	8.9
".....	5-6.....	110	8.4	4.9	12.6
".....	1-2.....	111	6.7	6.7	9.3
".....	3-4.....	112	9.9	6.2	10.8
".....	8-4.....	113	7.9	5.0	7.7
".....	10-12.....	114	18.8	10.3	15.8
".....	9.....	115	12.9	8.0	15.5
Ment.....	38-39.....	116	15.0	4.0	11.4
".....	29, 32, 36.....	117	18.0	3.9	11.6
Beef.....	13.....	118	18.5	6.8	19.0
".....	14.....	119	18.6	7.2	11.9

Dietaries for Hospitals for the Insane

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TABLE 1—Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued)

FOOD MATERIALS	Diets in which the material was used	Reference number	Dietaries for Hospitals for the Insane		
			Protein	Fat	Carbohydrates
			Per cent	Per cent	Per cent
Breakfast foods—(Continued)					
Oatmeal	16-18, 20-24	148	4.0	1.7	15.8
"	16-24	149	3.1	1.3	12.2
"	16-18, 20-2, 24	150	4.6	2.0	18.2
"	29-37	151	2.4	1.0	9.5
"	29-37	152	3.5	1.5	13.8
"	1-4	153	3.2	1.4	12.7
"	3-4	154	2.2	0.9	8.6
"	5-8	155	2.8	1.2	11.1
"	5-8	156	2.9	1.3	11.5
"	9-12	157	3.3	1.4	12.9
"	9-12	158	2.7	1.2	10.6
"	9-12	159	2.1	0.9	8.5
"	25-28	160	1.4	0.3	11.7
Cornmeal, mush	13-15	161	1.5	0.3	12.1
"	38-40	162	1.2	0.2	9.4
"	29-37	163	1.7	0.3	13.7
"	29-35, 37	164	1.7	0.3	13.6
"	30-31, 33-37	165	1.6	0.3	12.7
"	3-4	166	1.6	0.3	13.4
"	3-4	167	1.9	0.4	15.4
"	6-8	168	1.6	0.3	13.1
"	9-12	169	1.6	0.3	13.2

Dieteries for Hospitals for the Insane

enl, mush (baked).....	10-12.....	170	1.9	0.4	15.8
" " ".....	9-12.....	171	1.8	0.4	14.4
" " ".....	38-40.....	172	1.4	2.9	11.5
arina.....	1-2.....	173	3.0	0.4	20.9
" " ".....	3-4.....	174	2.1	0.3	14.9
" " ".....	5-8.....	175	2.2	0.3	15.3
Hominy.....	16-24.....	176	1.8	0.1	16.8
" " ".....	19, 20, 23, 24.....	177	1.6	0.1	15.6
" " ".....	29-37.....	178	1.6	0.1	15.2
" " ".....	30-37.....	179	1.3	0.1	12.5
" " ".....	3-4.....	180	1.4	0.1	13.1
" " ".....	5-8.....	181	1.7	0.1	16.5
" " ".....	5-6.....	182	1.6	0.1	14.9
" " ".....	9-12.....	183	1.5	0.1	14.5
" " ".....	9-12.....	184	1.7	0.1	16.6
" " (fried).....	3-4.....	185	3.0	0.2	28.2
" " ".....	7-8.....	186	2.4	9.7	23.4
Wheat flakes.....	1-2.....	187	2.9	0.5	19.9
" " ".....	3-4.....	188	2.3	0.3	15.3
" " ".....	5-6.....	189	2.4	0.2	13.1
" " ".....	7-8.....	190	1.7	0.2	9.4
Bread:					
Bread.....	1-40.....	191	7.1	0.7	52.5
Biscuit.....	13-15.....	192	7.9	14.3	44.3
" " ".....	29, 36.....	193	9.4	16.2	50.2
Puddings, cakes, sauces and sugars:					
Boiled rice.....	25-28.....	194	2.4	0.9	17.2
" " ".....	25-28.....	195	1.9	1.7	17.2
" " ".....	9-12.....	196	2.0	0.4	17.7
" " ".....	10-12.....	197	2.1	0.6	16.1
" " ".....	29-37.....	198	1.8	1.0	15.8

TABLE 1.—Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued)

FOOD MATERIALS	Diets in which the material was used	Reference number	Dietsaries for Hospitals for the Insane		
			Protein	Fat	Carbohydrates
			Per cent	Per cent	Per cent
Puddings, cakes, etc.—(Continued)					
Boiled rice.....	5-6.....	199	1.7	0.1	16.4
" ".....	5-6.....	200	1.5	0.1	14.6
" ".....	14-15.....	201	2.4	1.4	14.8
Puddings:					
Blanc mange.....	25-28.....	202	2.9	4.9	33.8
Bread.....	25, 28.....	203	5.7	10.5	36.1
" ".....	25.....	204	6.8	10.3	48.9
" ".....	26-28.....	205	2.8	1.2	21.1
" ".....	26-28.....	206	3.1	2.2	28.5
" ".....	13.....	207	5.7	6.5	34.8
" ".....	14-15.....	208	8.9	1.8	29.2
" ".....	38.....	209	5.5	6.4	33.8
" ".....	39-40.....	210	8.2	1.5	24.6
" ".....	16-24.....	211	4.5	5.5	31.4
" ".....	29-37.....	212	4.8	6.8	31.0
Cornstarch.....	25-28.....	213	2.6	4.7	28.0
" ".....	9-12.....	214	1.7	1.8	26.9
" ".....	13-15.....	215	2.2	2.3	17.5
" ".....	38-40.....	216	1.5	1.6	15.1
" ".....	16-24.....	217	2.2	2.7	17.6
" ".....	29-37.....	218	1.8	2.9	15.9
Farina.....	13-15.....	219	4.1	3.6	23.3

Dietaries for Hospitals for the Insane

.....	38-40.....	220	3.1	1.8	19.7
.....	16-24.....	221	2.9	1.9	19.7
.....	9, 12.....	222	3.4	5.5	38.8
.....	13, 21.....	223	4.2	3.9	28.3
.....	14, 15.....	224	3.2	1.6	23.9
.....	38.....	225	5.3	3.2	44.0
.....	39-40.....	226	2.1	0.8	21.9
.....	16-24.....	227	2.6	0.9	23.8
.....	16-24.....	228	2.1	0.9	19.1
.....	29.....	229	5.0	3.2	43.4
.....	30-37.....	230	1.8	1.1	13.2
.....	6-8.....	231	1.7	0.5	17.4
.....	5-8, 30.....	232	1.6	0.8	11.9
.....	1-2, 4.....	233	2.9	1.1	21.0
.....	3-4.....	234	2.8	0.9	24.9
.....	10-12.....	235	2.6	2.5	28.3
.....	9.....	236	3.0	2.5	44.3
.....	29.....	237	3.3	3.2	36.9
.....	30-37.....	238	1.5	1.5	18.5
.....	1-4, 7.....	239	0.4	0.4	18.2
.....	1-2.....	240	0.9	0.8	17.9
.....	5-6, 8.....	241	1.3	1.2	18.4
.....	5-6, 8.....	242	0.8	0.8	9.5
.....	5-6.....	243	0.6	0.5	16.9
Cakes:					
Coffee	13-15.....	244	6.8	11.1	53.8
"	16-24, 32.....	245	7.0	10.6	50.9
Ginger	9-12.....	246	6.0	7.2	58.0
"	9-12.....	247	5.8	8.0	60.7
"	13-15.....	248	6.5	7.7	64.5

TABLE 1—*Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued)*

FOOD MATERIALS	Dieteries in which the material was used	Reference number	Protein		Fat		Ca bodydrates	
			Per cent	Per cent	Per cent	Per cent	Per cent	Per cent
Cakes.—(Continued)								
Ginger	38-40.....	249	5.8	8.6	59.0	59.0	59.0	
"	16-24.....	250	6.5	9.1	53.9	53.9	53.9	
"	16-24.....	251	6.4	7.6	56.7	56.7	56.7	
"	29-37.....	252	6.5	10.7	57.2	57.2	57.2	
"	1-4.....	253	8.4	9.7	53.7	53.7	53.7	
"	7-8.....	254	6.4	5.9	70.7	70.7	70.7	
"	5-6.....	255	4.5	5.8	50.8	50.8	50.8	
"	5-6.....	256	5.7	8.3	30.7	30.7	30.7	
"	5-6.....	257	8.5	15.1	47.6	47.6	47.6	
(sugar)	9-12.....	258	6.1	7.2	40.7	40.7	40.7	
Corn (johnny cake)	13, 15.....	259	6.6	9.8	47.8	47.8	47.8	
"	14.....	260	6.5	9.8	47.6	47.6	47.6	
"	38-40.....	261	6.3	11.7	47.6	47.6	47.6	
"	38-40.....	262	5.9	10.6	42.6	42.6	42.6	
"	16-24.....	263	6.9	9.4	54.6	54.6	54.6	
"	29-37.....	264	7.2	9.6	42.9	42.9	42.9	
"	29-31, 33-37.....	265	7.7	10.6	48.0	48.0	48.0	
Sauces:								
Apple	1-2.....	266	0.3	0.4	14.7	14.7	14.7	
"	1-4.....	267	0.4	0.5	16.5	16.5	16.5	
"	1-9.....	268	0.4	0.5	19.5	19.5	19.5	

Dieteries for Hospitals for the Insane

Dried apple	28.....	269	0.4	0.5	25.8
"	25-28.....	270	0.4	0.6	28.4
"	25-28.....	271	0.3	0.4	23.2
"	9-12.....	272	0.3	0.5	31.3
"	9-12, 16-24.....	273	0.3	0.4	21.6
"	13.....	274	0.4	0.5	20.9
"	15.....	275	0.4	0.5	22.1
"	14.....	276	0.4	0.5	22.0
"	38-40.....	277	0.3	0.4	14.8
"	38-40.....	278	0.4	0.6	22.7
"	16-24.....	279	0.3	0.4	17.3
"	29-37.....	280	0.3	0.3	18.5
"	29-34, 26-37.....	281	0.3	0.3	18.9
"	3-4.....	282	0.4	0.5	17.3
"	5-8.....	283	0.4	0.5	17.1
"	7-8.....	284	0.3	0.4	15.2
Cherries (b)	30, 31, 34, 36.....	285	1.0	0.8	16.7
Prunes (b)	12-35.....	286	0.5	0.1	22.3
"	16-18, 20-24.....	287	0.7	.....	30.3
"	5-6.....	288	0.7	.....	31.5
Pudding sauce	29.....	289	3.5	3.8	16.9
Sugars:					
Jelly	13-15, 25, 27.....	290	1.1	.....	77.2
Sugar	9-40.....	291	.....	.....	100.0
Syrup	1-12, 14-21, 23-37, 39-40.....	292	.....	.....	70.0
Vegetables:					
Beans, baked	5-8, 13-24, 29-37.....	293	7.5	2.9	22.6
"	9-12.....	294	9.4	4.1	24.8
"	25-28.....	295	8.8	7.4	22.3
"	25-28.....	296	8.0	4.0	19.4

TABLE 1.—Estimates for Percentages of Nutrients in Food Materials, etc.—(Continued).

FOOD MATERIALS	Diets in which the material was used	Reference number	Dietsaries for Hospitals for the Insane		
			Protein	Fat	Carbohydrates
			Per cent	Per cent	Per cent
Vegetables—(Continued)					
Beans	25-28.....	297	9.7	10.8	25.1
"	1-2.....	298	8.3	11.9	21.1
"	1-2.....	299	8.8	11.1	22.4
"	1-2.....	300	7.3	8.2	18.6
"	3-4.....	301	8.7	7.4	22.4
"	3-4.....	302	6.7	6.7	17.2
" string	38.....	303	2.4	4.3	4.6
" "	38.....	304	2.7	2.8	7.0
" "	38.....	305	3.1	4.5	7.8
" "	38.....	306	2.8	3.3	5.1
" "	39-40.....	307	1.6	1.5	4.5
" "	39-40.....	308	2.6	0.3	8.3
" "	39-40.....	309	3.3	0.4	10.6
" "	39.....	310	8.1	0.4	10.1
" "	39-40.....	311	1.9	1.4	5.2
Beets (b).....	9-28, 38-40.....	312	1.6	0.1	9.7
Beet greens.....	29.....	313	8.5	8.7	15.4
" "	30-31, 34-36.....	314	8.6	3.3	15.9
Cabbage (b).....	5-6.....	315	1.6	0.8	5.6
Cucumbers (b).....	38-40.....	316	0.8	0.2	8.1
Kale (b).....	1, 2.....	317	2.4	1.0	10.6

Dieteries for Hospitals for the Insane

Pean 29-37.....	331	8.5	1.9	9.3
" 29.....	332	4.6	3.1	10.0
" 30-37.....	333	5.5	2.4	13.8
Potatoes (b)..... 1-40.....	334	2.5	0.1	20.9
" mashed..... 10-12.....	335	2.1	6.4	17.3
" " 9.....	336	2.2	4.7	16.4
" " 9, 16, 19.....	337	2.3	0.6	16.8
Pickles (b)..... 1-3, 5-6, 9-11, 13-37.....	338	0.5	0.8	2.7
Sauerkraut (b)..... 9-12.....	339	1.7	0.5	3.8
Turnips..... 10-12.....	340	1.3	6.7	7.6
" " 9, 19.....	341	1.3	2.2	8.0
" " 25-28.....	342	1.3	3.1	7.9
" " 30-37.....	343	1.5	0.2	9.4
" (b)..... 1-2, 4.....	344	1.3	0.2	8.1
" " 5-8.....	345	1.2	0.2	7.5
Vegetable substitutes:				
Dressing..... 26-28.....	346	4.6	5.9	18.3
" " 10-12.....	347	3.8	4.7	13.9
" " 9.....	348	7.3	14.8	19.1
" " 13-15.....	349	3.1	5.1	20.2
" " 39-40.....	350	2.8	0.5	17.4
" " 16-24.....	351	4.2	2.6	19.8
" " 29-37.....	352	2.6	4.1	12.7
Macaroni 1-2.....	353	2.7	0.2	14.8
" and cheese..... 25-28.....	354	5.1	3.2	16.0
" " 10-12.....	355	5.5	4.6	16.3
" " 9.....	356	7.1	7.3	11.6
" " 29-37.....	357	4.5	3.3	18.1
" " 7-8.....	358	7.8	5.5	21.1
" " 1, 3, 4.....	359	3.9	2.0	13.8

Dietaries for Hospitals for the Insane

DIETARY SCHEDULES.

In the New York State Hospitals for the Insane, a weekly dietary schedule is issued by the steward to each of the head cooks and serves as a guide to him in making out the daily requisitions for food materials from the store. In the Brooklyn Department separate schedules were made for the workers and for the infirm patients. In the St. Lawrence State Hospital, however, each kitchen had a basic dietary which was made sufficient for the least active class, and was served to all classes in the building. To this basic dietary were added extra dishes for employees and certain active or working patients. Changes are frequently made in the extra dishes and it often happens that considerable amounts of cooked foods are left over from one meal and served at a later meal to some particular class.

The dietary schedule for the week during which each particular series of studies was carried on are given below. The dishes of the dietaries of the Long Island Hospital and the regular or basic dietary of the St. Lawrence Hospital are given in ordinary type. As they were served to all classes they are not designated by a special number. In the schedules for the St. Lawrence Hospital all of the customary extra dishes and the cooked dishes left over from previous meals are put in italics and followed by the regular dietary study numbers* of the class to which the dish was served.

DIETARY SCHEDULE FOR THE WEEK DECEMBER 14-20, 1898, DURING WHICH STUDIES NOS. 1 AND 2 IN SERIES NO. 1 WERE MADE.—LONG ISLAND STATE HOSPITAL, BROOKLYN DEPARTMENT.

Wednesday.

Breakfast: Hash; bread; butter; coffee.
Dinner: Stew; tapioca pudding; bread.
Supper: Beans; pickles; bread; butter; tea.

Thursday.

Breakfast: Beef stew; bread; butter; coffee.
Dinner: Corned beef; potatoes; kale; bread.
Supper: Bread; butter; apple sauce; cheese; tea.

Friday.

Breakfast: Fried herring; bread; butter; coffee.
Dinner: Fish; potatoes; turnips; bread; sago pudding.
Supper: Beans; pickles; bread; butter; tea.

Saturday.

Breakfast: Oatmeal; bread; butter; coffee.
Dinner: Roast beef; potatoes; gravy; kale; bread.
Supper: Bread; butter; cheese; ginger cake; tea.

* See page 208 of this report.

Dietaries for Hospitals for the Insane

Sunday.

Breakfast: Farina; bread; butter; coffee.

Dinner: Meat stew; bread; tapioca pudding.

Supper: Bread; butter; apple sauce; tea.

Monday.

Breakfast: Stew; bread; butter; coffee.

Dinner: Roast beef; gravy; potatoes; turnips; macaroni and cheese; bread.

Supper: Bread; butter; apple sauce; cheese; tea.

Tuesday.

Breakfast: Wheat flakes; bread; butter; coffee.

Dinner: Corned beef; potatoes; kale; bread; sago pudding.

Supper: Beans; pickles; bread; butter; tea.

Syrup was served at all meals.

DIETARY SCHEDULE FOR THE WEEK DECEMBER 14-20, 1898, DURING WHICH STUDIES NOS. 3 AND 4 IN SERIES NO. 1 WERE MADE.—LONG ISLAND STATE HOSPITAL, BROOKLYN DEPARTMENT.

Wednesday.

Breakfast: Farina; bread; butter; coffee.

Dinner: Hash; bread; tapioca pudding.

Supper: Bread; butter; dried apple sauce; tea.

Thursday.

Breakfast: Corn meal mush; bread; butter; coffee.

Dinner: Beef stew; potatoes; bread.

Supper: Baked beans; bread; butter; tea.

Friday.

Breakfast: Hominy; bread; butter; coffee.

Dinner: Fish with gravy; potatoes; bread; sago pudding.

Supper: Bread; butter; ginger cake; tea.

Saturday.

Breakfast: Oatmeal; bread; butter; coffee.

Dinner: Beef stew; bread.

Supper: Corn meal mush; bread; butter; tea.

Sunday.

Breakfast: Wheat flakes; bread; butter; coffee.

Dinner: Corned beef hash; bread.

Supper: Bread; butter; apple sauce; tea.

Monday.

Breakfast: Farina; bread; butter; coffee.

Dinner: Stew; macaroni; potatoes; bread.

Supper: Baked beans; bread; butter; tea.

Dietaries for Hospitals for the Insane*Tuesday.*

Breakfast: Oatmeal; bread; butter; coffee.

Dinner: Beef stew; bread; sago pudding.

Supper: Bread; butter; cheese; tea.

Syrup was served at all meals.

DIETARY SCHEDULE, FOR THE WEEK JANUARY 9-15, 1899, DURING WHICH STUDIES NOS. 5 AND 6 IN SERIES NO. 2 WERE MADE.—LONG ISLAND STATE HOSPITAL, BROOKLYN DEPARTMENT.

Monday.

Breakfast: Farina; bread; butter; coffee.

Dinner: Soup; roast beef; potatoes; turnips; bread; tapioca pudding.

Supper: Baked beans; bread; butter; ginger cake; tea.

Tuesday.

Breakfast: Oatmeal; bread; butter; coffee.

Dinner: Roast beef; potatoes; turnips; bread.

Supper: Bread; butter; cheese; boiled rice; tea.

Wednesday.

Breakfast: Hominy; hash; bread; butter; coffee.

Dinner: Broth; boiled mutton; potatoes; turnips; bread.

Supper: Bread; butter; dried apple sauce; cake; tea.

Thursday.

Breakfast: Fried pork; bread; butter; coffee.

Dinner: Corned beef; potatoes; cabbage; bread; tapioca pudding; coffee.

Supper: Bread; butter; prunes; boiled rice; tea.

Friday.

Breakfast: Wheat flakes; cod fish balls; bread; butter.

Dinner: Clam chowder; bread; rice pudding.

Supper: Baked beans; pickles; bread; butter; tea.

Saturday.

Breakfast: Oatmeal; bread; butter; coffee.

Dinner: Meat pot pie; bread.

Supper: Hash; bread; butter; tea.

Sunday.

Breakfast: Hominy; beef stew; bread; butter; coffee.

Dinner: Roast pork; potatoes; turnips; bread; tapioca pudding.

Supper: Bread; butter; cheese; cake; tea.

Syrup was served at all meals.

DIETARY SCHEDULE FOR THE WEEK JANUARY 9-15, 1899, DURING WHICH STUDIES NOS. 7 AND 8 IN SERIES NO. 2 WERE MADE.—LONG ISLAND STATE HOSPITAL, BROOKLYN DEPARTMENT.

Monday.

Breakfast: Farina; bread; butter; coffee.

Dinner: Vegetable and meat soup; potatoes; macaroni and cheese; bread.

Supper: Baked beans; bread; butter; tea.

Dietaries for Hospitals for the Insane

Tuesday.

Breakfast: Oatmeal; bread; butter; coffee.

Dinner: Meat stew with croutons; bread.

Supper: Bread; butter; cheese; tea.

Wednesday.

Breakfast: Hominy; bread; butter; coffee.

Dinner: Hash; bread; rice pudding.

Supper: Bread; butter; dried apple sauce; tea.

Thursday.

Breakfast: Cornmeal mush; bread; butter; coffee.

Dinner: Soup with shredded meat and vegetables; potatoes; bread.

Supper: Baked beans; bread; butter; tea.

Friday.

Breakfast: Bread; butter; fried hominy; coffee.

Dinner: Clam chowder; bread; rice pudding.

Supper: Bread; butter; ginger cake; tea.

Saturday.

Breakfast: Oatmeal porridge; bread; butter; coffee.

Dinner: Beef stew; bread.

Supper: Corn meal mush; bread; butter; tea.

Sunday.

Breakfast: Wheat flakes; bread; butter; coffee.

Dinner: Roast pork; potatoes; turnips; gravy.

Supper: Bread; butter; dried apple sauce; tea.

Syrup served at all meals.

DIETARY SCHEDULE FOR THE WEEK MARCH 3-9, 1899, DURING WHICH THE STUDIES NOS. 9-12 IN SERIES NO. 3 WERE MADE.—ST. LAWRENCE STATE HOSPITAL, INFIRMARY GROUP.

Friday.

Breakfast: Hominy; salt salmon; bread; butter; coffee.

Dinner: Fresh fish; dressing; potatoes; beets; bread; *butter 9.*

Supper: Mush; bread; butter; cheese; pickles; tea; *fish 10-11-12; beets 12.*

Saturday.

Breakfast: Oatmeal; bread; butter; sausage.

Dinner: Vegetable soup; baked beans; rice; bread; *soup meat 10; butter 9; roast beef 9; sausage 9.*

Supper: Bread; butter; ginger cake; cheese; tea; *beans 10-11; roast beef 9.*

Sunday.

Breakfast: Baked mush; bread; butter; coffee; *cold meat 10, 11; sausage 9.*

Dinner: Soup meat; potatoes; beets; bread; corn starch pudding; *roast mutton 9; butter 9.*

Supper: Hominy; bread; butter; apple sauce; tea; *soup meat 10, 11; beets 10, 11; ginger cake 11; cold meat 9; pudding 12; prunes 12.*

Dieteries for Hospitals for the Insane

Monday.

Breakfast: Oatmeal; bread; butter; coffee; fried bacon.

Dinner: Roast pork; mashed potatoes; sauerkraut; bread; *roast beef* 9, 11, 12; *butter* 9.

Supper: Bread; butter; ginger cake; tea; *cold meat* 9, 10, 12; *sauerkraut* 9, 10.

Tuesday.

Breakfast: Baked mush; bread; butter; coffee; *cold meat* 9; *bacon and sausage* 10.

Dinner: Pea soup; potatoes; bread; boiled rice; *soup meat* 10; *roast beef* 9; *gravy* 9; *butter* 9.

Supper: Bread; butter; macaroni and cheese; tea; *cold meat* 9, 10; *pudding* 12; *rice* 12.

Wednesday.

Breakfast: Corned beef hash; bread; butter; coffee.

Dinner: Bean soup; potatoes; mashed turnips; bread; *soup meat* 10; *roast beef* 9; *butter* 9; *gravy* 9.

Supper: Johnny cake; bread; butter; cheese; tea; *turnips* 11; *hash* 12; *cold meat* 9, 10.

Thursday.

Breakfast: Oatmeal and milk; bread; butter; coffee.

Dinner: English beef soup; potatoes; bread; tapioca pudding; *roast beef* 9; *soup meat* 10; *butter* 9; *gravy* 9.

Supper: Bread; butter; apple sauce; tea; *cold meat* 10; *pudding* 10; *Johnny cake* 12.

Syrup was served at all meals.

DIETARY SCHEDULE FOR THE WEEK MARCH 13-MARCH 19, 1899, DURING WHICH THE STUDIES NOS. 13-15 IN SERIES NO. 4 WERE MADE.—ST. LAWRENCE STATE HOSPITAL, GROUP III.

Monday.

Breakfast: Oatmeal; bread; butter; coffee; *bacon* 13, 14.

Dinner: Roast beef; potatoes; beets; bread; bread pudding; *butter* 13.

Supper: Johnny cake; bread; butter; apple sauce; tea; *cold roast beef* 13.

Tuesday.

Breakfast: Corned beef hash; bread; butter; coffee; *bacon* 13.

Dinner: Tomato soup; potatoes; bread; rice pudding; *roast beef* 13; *butter* 13.

Supper: Bread; butter; cheese; tea; *cold meat* 13, 14.

Wednesday.

Breakfast: Oatmeal; bread; butter; coffee; *boiled eggs* 13, 14.

Dinner: Beef steak; potatoes; biscuits; bread; pickles; *butter* 13.

Supper: Baked beans; bread; butter; tea; *pork* 14; *cold meat* 13; *jelly* 13.

Dietaries for Hospitals for the Insane

Thursday.

Breakfast: Baked mush; bread; butter; coffee; *milk* 13; *beets* 13, 14.

Dinner: Barley soup; potatoes; bread; farina pudding; *soup meat* 14; *roast beef* 13; *butter* 13.

Supper: Bread; butter; jelly; ginger cake; tea; *cold meat* 13, 14; *cold boiled eggs* 14.

Friday.

Breakfast: Oatmeal; bread; butter; boiled eggs; coffee.

Dinner: Fresh fish; dressing; potatoes; beets; bread; *butter* 13.

Supper: Coffee cake; bread; butter; apple sauce; tea; *canned corned beef* 13.

Saturday.

Breakfast: Corned beef hash; bread; butter; coffee.

Dinner: Vegetable soup; potatoes; bread; boiled rice; *soup meat* 14; *roast beef* 13; *pickles* 13; *butter* 13.

Supper: Johnny cake; bread; butter; tea; *cold meat* 13; *rice* 15; *apple sauce* 13.

Sunday.

Breakfast: Oatmeal; bread; butter; coffee; *cold shoulder* 13, 14; *roast beef* 14.

Dinner: Pork and beans; pickles; bread; corn starch pudding; *milk* 13; *butter* 13.

Supper: Cold beans; cheese; bread; butter; tea; *cold meat* 13; *salt pork* 14; *pudding* 15.

Syrup served at all meals.

DIETARY SCHEDULE FOR THE WEEK MARCH 27-APRIL 2, 1899, DURING WHICH THE STUDIES NOS. 16-24 IN SERIES NO. 5 WERE MADE.—ST. LAWRENCE STATE HOSPITAL, CENTRAL GROUP.

Monday.

Breakfast: Hominy; bacon; bread; butter; coffee.

Dinner: Roast beef; potatoes; bread; bread pudding; *mutton* 23, 24; *tur. nips* 19.

Supper: Johnny cake; bread; butter; apple sauce; tea; *roast beef* 18, 19, 21.

Tuesday.

Breakfast: Oatmeal and milk; bread; butter; coffee; *condensed milk* 16; *cold meat* 19.

Dinner: English beef soup; potatoes; beets; bread; boiled rice; *cold roast beef* 16, 19.

Supper: Bread; butter; ginger cake; cheese; tea; *canned corned beef* 16.

Wednesday.

Breakfast: Salmon; oatmeal; bread; butter; coffee.

Dinner: Scrambled eggs; potatoes; pickles; bread; farina pudding; *butter* 16, 21.

Supper: Baked pork and beans; bread; butter; tea; *cold meat* 19; *apple sauce* 16.

Dietaries for Hospitals for the Insane

Thursday.

Breakfast: Corn beef hash; bread; butter; coffee.

Dinner: Tomato soup; potatoes; bread; rice pudding; *butter 16; roast beef 16, 19.*

Supper: Coffee cake; bread; butter; tea; *cold meat 16; rice 19, 20.*

Friday.

Breakfast: Oatmeal; bread; butter; salt salmon; coffee.

Dinner: Fresh fish; dressing; beets; potatoes; bread.

Supper: Bread; butter; apple sauce; ginger cake; tea; *cheese 16; cold meat 19, 23; beans 19, 23; dressing 24.*

Saturday.

Breakfast: Corn beef hash; bread; butter; coffee.

Dinner: Boiled eggs; potatoes; beets; bread; *butter 16, 23, 24.*

Supper: Canned salmon; bread; butter; cheese; tea; *cold roast beef 19, 23.*

Sunday.

Breakfast: Oatmeal; bread; butter; boiled eggs; coffee; *hominy 19, 20, 23, 24.*

Dinner: Roast pork; gravy; potatoes; beets; bread; corn starch pudding; *butter 16, 17, 24.*

Supper: Bread; butter; cheese; prunes; tea; *cold meat 19.*

Syrup was served at all meals.

DIETARY SCHEDULE FOR THE WEEK APRIL 12-18, 1899, DURING WHICH THE STUDIES IN NOS. 25-28 IN SERIES NO. 6 WERE MADE.—ST. LAWRENCE STATE HOSPITAL, INFIRMARY GROUP.

Wednesday.

Breakfast: Mush; boiled eggs; bread; butter; coffee.

Dinner: Creamed rice soup; potatoes; turnips; bread; *soup meat 26; real 25.*

Supper: Johnny cake; bread; butter; jelly; tea; *pork 26; beans 16; meat 25.*

Thursday.

Breakfast: Corned beef hash; bread; butter; coffee.

Dinner: Pork and beans; pickles; bread; bread pudding; beets.

Supper: Bread; butter; apple sauce; cheese; tea; *cold meat; beans 26; pudding 28.*

Friday.

Breakfast: Mush; salt salmon; bread; butter; coffee.

Dinner: Fresh fish; dressing; beets; bread; *boiled eggs 25.*

Supper: Bread; butter; blanc mange; cheese; tea; *cod fish 28.*

Saturday.

Breakfast: Mush; cold meat; bread; butter; coffee.

Dinner: Vegetable soup; potatoes; bread; rice pudding.

Supper: Cold meat; bread; butter; apple sauce; tea; jelly.

Diets for Hospitals for the Insane

Sunday.

Breakfast: Oatmeal and milk; bread; butter; coffee; *bacon* 25, 26.

Dinner: Roast beef; beans; beets; bread; corn starch pudding.

Supper: Cold beans; bread; butter; cheese; tea.

Monday.

Breakfast: Mush; bread; butter; coffee; *bacon*.

Dinner: Barley soup; turnips; bread; bread pudding; *potatoes* 25; *cold meat* 25.

Supper: Bread; butter; cheese; tea; beans.

Tuesday.

Breakfast: Beef stew; bread; butter; coffee.

Dinner: English beef soup; bread; tapoca pudding; potatoes; boiled rice; *meat* 25, 26.

Supper: Bread; butter; apple sauce; macaroni and cheese; tea; *rice* 26; *meat* 25, 26.

Syrup was served at all meals.

DIETARY SCHEDULE FOR THE WEEK JULY 7-13, 1899, DURING WHICH THE STUDIES NOS. 29-37 IN SERIES NO. 7 WERE MADE.—ST. LAWRENCE STATE HOSPITAL, CENTRAL GROUP.

Friday.

Breakfast: Creamed codfish; bread; butter; coffee.

Dinner: Fresh fish; dressing; green peas; bread; *butter* 29, 36.

Supper: Macaroni and cheese; bread; butter; tea; *corned beef* 29; *cod* 32, 33, 36, 37.

Saturday.

Breakfast: Oatmeal; bread; butter; coffee; *hashed meat* 29, 32.

Dinner: English beef soup; potatoes; bread; lettuce; tapoca pudding; *butter* 29, 36, 37; *roast beef* 29, 32, 33.

Supper: Johnny cake; bread; butter; tea; *cold meat* 29, 32; *pudding* 36.

Sunday.

Breakfast: Mush and milk; bread; butter; coffee; *liver and bacon* 29; *hash* 32, 36.

Dinner: Roast pork; beans; pickles; bread; corn starch pudding; *butter* 29.

Supper: Bread; butter; apple sauce; tea; *cold meat* 29; *cheese* 29.

Monday.

Breakfast: Fried liver and bacon; hominy; bread; butter; coffee.

Dinner: Roast beef; gravy; beans; turnips; bread; bread pudding; *potatoes* 29; *butter* 29.

Supper: Johnny cake; bread; butter; tea; *cold meat* 29; *cherries* 30, 31, 34; *pudding* 36; *lettuce* 37; *cake* 32; *pigs' feet* 32; *pickles* 23; *liver and bacon* 32.

Dieteries for Hospitals for the Insane

TABLE 2									
Food Materials Served in Dietary Study No. 1, of 96 Male Patients, Workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898									
KIND OF FOOD MATERIAL	Reference number	WEIGHT							
		Total food		NUTRIENTS			Carbo- hydrates		
				Protein	Fat	Grams			
		Pounds	Kilograms	Grams	Grams	Grams			
<i>Animal food</i>									
Beef, roast	9	53.50	24.27	5,170	6,286	.....	.....
" corned	17	61.70	27.99	5,262	8,872	.....	.....
Fish, fresh	50	28.78	10.79	2,061	334	.....	.....
" salt mackerel	57	11.30	5.13	887	1,354	.....	.....
Beef Stew	93	127.30	57.74	3,849	5,080	.....	4,792	
"	94	80.00	36.29	1,933	2,867	.....	2,939	
"	95	146.60	66.50	5,452	5,852	.....	8,312	
"	96	77.50	35.15	2,531	3,585	.....	8,374	
Hash, corned beef	111	57.75	26.20	1,755	1,755	.....	2,411	
Roast beef gravy	131	32.75	14.86	938	15	.....	1,580	
Fish gravy	137	10.75	4.88	44	5	.....	293	
Total meats and meat substitutes	.....	682.93	309.80	28,672	36,005	.....	28,651
Butter	136	39.80	18.05	180	15,340	.....	.....
Cheese	137	81.50	14.29	8,701	4,815	.....	343	
Total dairy products	.....	71.80	32.34	8,881	20,155	.....	843
Total animal food	.....	754.23	342.14	32,653	66,160	.....	28,922

TABLE 2

Food Materials Served in Dietary Study No. 1, of 96 Male Patients, Workers, at Long Island State Hospital,
Brooklyn Department, December 14-20, 1898

Dieteries for Hospitals for the Insane

	100	50.00	11.00	50	251	
Oatmeal.....	173	42.25	19.16	575	77	2,381
Farina.....						4,004
Wheat flakes.....	187	45.25	20.53	595	103	4,085
Total breakfast foods.....		127.10	57.65	1,745	481	10,370
Bread.....	191	573.80	260.28	18,480	1,822	136,647
Total breads.....		573.80	260.28	18,480	1,822	136,647
Pudding, tapioca.....	239	42.50	19.28	77	77	3,509
“ “.....	240	42.00	19.05	171	152	3,410
“ sago.....	238	45.75	20.75	602	228	4,357
Ginger cake.....	253	15.40	6.99	587	678	3,753
Green apple sauce.....	266	39.25	17.80	54	71	2,616
“ “.....	267	31.38	14.23	57	71	2,348
“ “.....	268	32.75	14.86	60	74	2,898
Syrup.....	292	44.10	20.00	.....	.....	14,000
Total puddings, cakes, sauces and sugars.....		293.13	132.96	1,608	1,351	36,891
Potatoes, boiled.....	324	130.00	58.97	1,474	59	12,324
Beans.....	298	13.63	6.18	513	735	1,304
“ “.....	299	20.50	9.80	818	1,082	2,088
“ “.....	300	23.88	10.83	790	888	2,014
Turnips, boiled.....	334	60.50	27.44	357	55	2,222
Macaroni.....	343	39.60	17.96	485	86	2,658
Kale.....	317	118.50	53.76	1,290	538	5,698
Pickles.....	328	26.50	12.02	60	36	325
Total vegetables and vegetable substitutes.....		438.11	196.46	5,787	3,379	28,628
Total vegetable food.....		1,427.14	647.35	27,620	6,983	212,536
Total food.....		2,181.37	989.49	60,173	63,143	286,630

Dieteries for Hospitals for the Insane

TABLE 3									
Food Materials Rejected in Dietary Study No. 1, of 96 Male Patients, Workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		NUTRIENTS					
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates.			
<i>Animal food</i>									
Beef, roast.....	9	8.35	3.74	796	969	Grams			
“ corned	17	9.25	4.20	790	1,831	.....		
Fish, fresh	50	.40	.18	34	6	.....		
“ salt mackerel.....	57	.30	.14	24	37	.....		
Beef, stew.....	98	2.50	1.13	66	99	.....		
“	94	6.75	3.06	162	242	.....		
“	95	6.50	2.95	242	260	.....		
“	96	8.44	3.83	276	391	.....		
Hash, corned beef.....	111	2.50	1.13	76	76	.....		
Gravy, roast beef.....	131	1.75	.80	13	1	.....		
Total meats and meat substitutes .....	.....	4,664	21.16	2,479	3,412	.....		
Cheese	187	.50	.23	60	77	.....		
Total dairy products.....	.....	.50	.23	60	77	.....		
Total animal food.....	.....	47.14	21.39	2,539	3,489	.....		
						Grams			
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								

TABLE 3

Food Materials Rejected in Dietary Study No. 1, of 96 Male Patients, Workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898

Dieteries for Hospitals for the Insane

	100	.10	.02	11	0	43
Cornmeal.....	173	2.25	1.02	81	4	213
Farina.....	187	1.75	.79	93	4	157
Wheat flakes.....						
Total breakfast foods.....		4.75	2.15	65	13	413
Bread.....	191	5.86	2.65	188	19	1,391
Total breads.....		5.86	2.65	188	19	1,391
Pudding, tapioca.....	239	.50	.23	1	1	42
".....	240	.75	.34	3	3	61
Ginger cake.....	253	.12	.05	4	5	27
Green apple sauce.....	266	1.20	.54	2	2	79
".....	267	1.50	.68	3	3	112
".....	268	.75	.34	1	2	66
Syrups.....	292	2.10	.95	.....	.....	665
Total puddings, cakes, sauces and sugars.....		6.92	3.13	14	16	1,052
Potatoes, boiled.....	324	.64	.29	7	.....	61
Beans.....	298	.34	.15	13	17	33
".....	300	.50	.23	17	19	43
Turnip.....	334	13.60	6.17	80	12	500
Macaroni.....	343	1.75	.79	21	2	117
Kale.....	317	13.40	6.08	146	61	644
Pickles.....	328	.30	.14	1	.....	4
Total vegetables and vegetable substitutes.....		30.53	13.85	285	111	1,402
Total vegetable food.....		48.06	21.78	552	159	4,258
Total food.....		95.20	43.17	3,091	3,648	5,527

Dieteries for Hospitals for the Insane

TABLE 4.

Nutrients and energy per person per day in food served, rejected and actually eaten in Dietary No. 1, of 96 male patients, workers, December 14 to 20, 1898.

CHARACTER OF FOOD	Protein			Fat			Carbohydrates			Energy		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	43	4	39	53	5	48	35	2	38	813	71	742
Dairy products, etc.....	5	.....	5	30	.....	30	1	.....	1	303	.....	303
Total animal food.....	48	4	44	83	5	78	36	2	39	1,116	71	1,045
<i>Vegetable food</i>												
Breakfast foods.....	3	.....	3	1	.....	1	15	.....	15	83	.....	83
Breads.....	27	.....	27	2	.....	2	203	2	201	962	8	954
Puddings, cakes, sauces, sugar, etc....	2	.....	2	2	.....	2	55	2	53	252	8	244
Vegetables and vegetable substitutes....	9	1	8	5	.....	5	41	2	39	252	13	239
Total vegetable food.....	41	1	40	10	.....	10	314	6	308	1,549	29	1,520
Total food.....	89	5	84	93	5	88	350	8	347	2,665	100	2,565

Dietaries for Hospitals for the Insane

TABLE B.

Food Materials Served in Dietary Study No. 2, of 118 Female Patients, workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898

KIND OF FOOD MATERIAL	Reference number	WEIGHT						NUTRIENTS.		
		Total food		Protein	Fat	Carbo-hydrates				
		Pounds	Kilograms	Grams	Grams	Grams				
		<i>Animal food</i>								
Beef, roast	9	52.00	23.59	5024	6110	.....	.....	.....
" corned	16	35.60	16.15	3068	5184	.....	.....	.....
Fish, fresh	50	28.60	12.97	2477	402	.....	.....	.....
" salt mackerel	57	13.92	6.31	1091	1666	.....	.....	.....
Beef stew	93	138.25	62.71	3637	5518	.....	.....	5205
" "	94	76.35	34.59	1833	2732	.....	.....	2802
" "	95	98.75	44.79	3673	3942	.....	.....	5599
" "	96	68.50	31.07	2237	3169	.....	.....	2982
Hash, corned beef	111	36.63	16.62	1113	1114	.....	.....	1529
Roast beef gravy	131	29.70	13.47	216	13	.....	.....	1887
Fish	127	7.00	3.18	29	3	.....	.....	191
Total meats and meat substitutes	.....	585.20	265.45	24398	29853	.....	.....	19695
Butter	186	45.90	20.82	208	17696	.....	.....	.....
Cheese	137	21.60	9.80	2539	3302	.....	.....	235
Total dairy products	.....	67.50	30.62	2747	20998	.....	.....	235
Total animal food	.....	652.70	296.07	27145	50851	.....	.....	19930

TABLE 5.

Food Materials Served in Dietary Study No. 2, of 118 Female Patients, workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898

Dieteries for Hospitals for the Insane

Potatoes, boiled.....	324	168.06	76.21	1,905	76	15,937
Beans, baked.....	298	26.25	11.91	989	1,417	2,513
" ".....	299	24.00	10.89	958	1,209	2,489
" ".....	300	28.37	12.87	939	1,055	2,394
Turnips.....	334	46.75	21.21	276	42	1,718
Macaroni.....	343	36.40	16.51	446	83	2,443
Kale.....	317	83.60	37.92	910	379	4,020
Pickles.....	328	35.75	16.22	81	49	488
Total vegetables and vegetable substitutes.....	.....	449.12	203.74	6,504	4,260	31,892
Total vegetable food.....	.....	1,289.57	584.97	23,009	7,607	172,019
Total food.....	.....	1,942.27	881.04	50,154	58,458	191,949

TABLE 6

Food Materials Rejected in Dietary Study No. 2, of 113 Female Patients, Workers, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898.

KIND OF FOOD MATERIAL		Reference number	WEIGHT			
			Total food	NUTRIENTS		
				Protein	Fat	Carbo- hydrates
<i>Animal food</i>			Pounds	Kilograms	Grams	Grams
Beef, roast.....		9	11.50	5.22	1,112	1,352
“ corned.....		16	13.50	6.12	1,163	1,964
Fish, fresh.....		50	1.10	.50	95	16
“ salt mackerel		57	.67	.30	52	79
Beef stew.....		98	16.70	7.58	440	667
“		94	19.90	9.03	479	718
“		95	11.87	5.39	442	474
“		96	9.62	4.36	314	445
Hash, corned beef		111	9.00	4.08	273	273
Roast beef gravy.....		131	1.00	.45	7	1
Fish gravy		127	1.25	.57	5	1
Total meats and meat substitutes .....		.....	96.11	43.60	4,382	5,985
Cheese		137	5.25	2.38	616	802
Total dairy products .....		.....	5.25	2.38	616	802
Total animal food .....		.....	101.86	45.98	4,998	6,787
						2,965

Dietaries for Hospitals for the Insane*Tuesday.*

Breakfast: Baked mush and milk; bread; butter; coffee.

Dinner: Vegetable beef soup; potatoes; bread; rice; pudding; *butter* 38.

Supper: Bread; butter; ginger cake; tea; *apple sauce* 38; *cold meat* 38, 39.

Wednesday.

Breakfast: Corned beef hash; bread; butter; coffee.

Dinner: Beef potpie; bread; peas; *butter* 38.

Supper: Mush; bread; butter; tea; *cold meat* 38; *cheese* 38; *peas* 39; *stew* 38, 39; *potatoes* 38.

Thursday.

Breakfast: Oatmeal and milk; bread; butter; coffee; *sliced shoulder* 38, 39.

Dinner: Rice soup; potatoes; string beans; bread; *soup beef* 39; *butter* 38.

Supper: Cold meat; cucumbers; bread; butter; tea; *hash* 40.

Syrup served at all meals.

Dieteries for Hospitals for the Insane

TABLE 7.

Nutrients and Energy per Person per day in Food Served, Rejected and Actually Eaten in Dietary, No 2, of 113 Female Patients, Workers, December 14 to 20, 1898

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	31	6	25	38	8	30	25	4	21	588	116	467
Dairy products, etc.....	3	.....	3	26	1	25	.....	.....	.....	254	9	245
Total animal food.....	34	6	28	64	9	55	25	4	21	837	125	712
<i>Vegetable food</i>												
Breakfast foods.....	2	.....	2	1	.....	1	14	1	13	75	4	71
Breads	17	1	16	2	.....	2	121	6	115	584	29	555
Puddings, cakes, sauces, sugars, etc....	2	.....	2	2	.....	2	42	8	39	119	12	187
Vegetables and vegetable substitutes....	8	2	6	5	1	4	38	7	31	235	46	189
Total vegetable food.....	29	3	26	10	1	9	215	17	198	1,038	91	1,002
Total food.....	63	9	54	74	10	64	240	21	219	1,980	216	1,714

Dietaries for Hospitals for the Insane

Vegetable food						
.....	153	39.60	17.96	575	251	2,281
.....	173	42.25	19.16	575	77	4,004
.....	187	45.25	20.53	595	103	4,085
.....
Total breakfast foods	127.10	57.65	1,745	431	10,370	.....
Bread.....	191	573.80	260.28	18,480	1,822	136,647
Total breads.....	573.80	260.28	18,480	1,822	136,647	.....
Pudding, tapioca.....	239	42.50	19.28	77	77	3,509
“.....	240	42.00	19.05	171	152	3,410
“ sago.....	233	45.75	20.75	602	228	4,357
Ginger cake.....	253	15.40	6.99	587	678	3,753
Green apple sauce.....	266	39.25	17.80	54	71	2,616
“.....	267	31.38	14.23	57	71	2,348
“.....	268	32.75	14.86	60	74	2,898
Syrup.....	292	44.10	20.00	.....	.....	14,000
Total puddings, cakes, sauces and sugars	293.13	132.96	1,608	1,351	36,891	.....
Potatoes, boiled.....	324	130.00	58.97	1,474	59	12,324
Beans.....	298	13.63	6.18	513	735	1,304
“.....	299	20.50	9.30	818	1,032	2,083
“.....	300	23.88	10.83	790	888	2,014
Turnips, boiled.....	334	60.50	27.44	357	55	2,222
Macaroni.....	343	39.60	17.96	485	36	2,658
Kale.....	317	118.50	53.76	1,290	538	5,698
Pickles.....	328	26.50	12.02	60	36	325
Total vegetables and vegetable substitutes	438.11	196.46	5,787	3,379	28,628	.....
Total vegetable food.....	1,427.14	647.35	27,620	6,983	212,536	.....

Dieteries for Hospitals for the Insane

TABLE 8.—Food Materials Served in Dietary Study No. 3—(Concluded)

KIND OF FOOD MATERIAL	Reference number	WEIGHT						NUTRIENTS.		
		Total food.			Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms	Grams						
								Grams		
<i>Vegetable food</i>										
Oatmeal.....	153	20.87	9.47	308	132	1,203				
Oatmeal.....	154	19.50	8.85	195	80	761				
Corn meal mush.....	166	17.50	7.94	127	24	1,064				
“ “	167	23.25	10.55	200	42	1,625				
ominy.....	180	20.90	9.48	133	9	1,242				
“ fried.....	185	13.20	5.99	180	12	1,689				
Farina.....	174	16.75	7.60	160	23	1,132				
Wheat flakes.....	188	17.25	7.82	180	24	1,196				
Total breakfast foods.....	.....	149.22	67.70	1,478	346	9,912				
Bread.....	191	299.40	135.81	9,642	951	71,800				
Total bread.....	.....	299.40	135.81	9,642	951	71,800				
Pudding, tapioca.....	289	32.40	14.70	59	59	2,675				
“ sago.....	284	27.60	12.52	350	113	3,117				
Ginger cake.....	268	7.00	3.18	267	308	1,708				
Dried apple sauce	282	20.10	9.12	36	46	1,578				
Green “	267	15.10	6.85	28	34	1,180				
Syrup.....	292	38.50	17.46	.....	.....	12,920				
Total puddings, cakes, sauces and sugars .....	.....	140.70	63.83	740	560	22,428				

Dieteries for Hospitals for the Insane

Potatoes, boiled.....	324	30.40	13.79	345	14	2,882
Beans.....	301	14.34	6.50	565	481	1,456
"	302	18.38	8.84	559	559	1,434
Macaroni and cheese.....	349	19.10	8.66	388	173	1,195
Total vegetable and vegetable substitutes .....	.....	82.22	37.29	1,807	1,227	6,967
Total vegetable food.....	.....	671.54	304.63	13,667	3,084	110,607
Total food.....	.....	1,071.05	486.86	24,199	30,721	123,138

TABLE 9
*Food Materials Rejected in Dietary Study No. 3, of 49 Male Patients, Infirm, at Long Island State Hospital,
 Brooklyn Department, December 14-20, 1898*

KIND OF FOOD MATERIAL	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
Pounds	Kilograms	Grams	Grams	Grams	Grams		
<i>Animal food</i>							
Beef stew.....	97	5.00	2.27	104	150	168	
“	98	4.50	2.04	69	100	181	
“	99	3.50	1.59	67	108	62	
Mutton stew.....	101	4.00	1.81	87	118	175	
Hash, corned beef	112	1.25	.57	56	35	59	
“	113	.25	.11	9	6	8	
Total meats and meat substitutes.....	.....	18.50	8.39	392	517	603
Cheese	137	.25	.11	28	37	3	
Total dairy products.....	.....	.25	.11	28	37	3
Total animal food .....	.....	18.75	8.50	420	554	606
<i>Vegetable food</i>							
Oatmeal.....	153	.60	.27	9	4	34	
“	154	.60	.27	6	2	28	
Corn meal mush.....	166	1.00	.45	7	2	60	

Dieteries for Hospitals for the Insane

	167	1.40	.63	12	2	97
"	167	1.40	.63	12	2	97
Eggs	180	.84	.88	5	.....	50
" fried	185	.12	.05	2	.....	14
Farina	174	.50	.23	5	1	84
Wheat flakes	188	1.12	.61	12	1	78
Total breakfast food .....	.....	6.18	2.79	58	12	390
Bread	191	5.00	2.27	161	16	1,192
Total breads .....	.....	5.00	2.27	161	16	1,192
Pudding, sage	284	1.40	.64	18	6	159
Dried apple sauce	282	2.00	.91	4	5	157
Green "	267	1.75	.79	3	4	130
Syrup	292	1.50	.68	.....	.....	476
Total puddings, cakes, sauces and sugars .....	.....	6.65	3.02	25	15	922
Potatoes, boiled	324	2.58	1.17	29	1	245
Beans	301	.12	.05	4	4	11
Macaroni and cheese	349	1.25	.57	22	11	79
Total vegetables and vegetable substitutes .....	.....	3.95	1.79	55	16	335
Total vegetable food .....	.....	21.78	9.87	299	59	2,889
Total food .....	.....	40.53	18.37	719	613	3,445

Dietaries for Hospitals for the Insane

TABLE 5—Food Materials Rejected in Dietary Study No. 2. etc.—(Concluded).

KIND OF FOOD MATERIAL	Reference number.	WEIGHT				NUTRIENTS.		
		Total food		Protein.	Fat.	Carbo- hydrates.		
		Pounds	Kilograms					
								Grams
<i>Vegetable food</i>								
Oatmeal.....				146	283	2564		
Farina.....				76	90	4711		
Wheat flakes				102	104	4129		
Total breakfast food.....				224	477	11404		
Bread.....				62	1278	95850		
Total bread.....				62	1278	95850		
Pudding, tapioca.....	239	35.25	15.99	64	64	2,910		
“ “.....	240	37.63	17.07	154	136	3,055		
“ sago.....	233	25.10	11.39	330	125	2,392		
Ginger cake.....	253	21.40	9.71	816	942	5,214		
Green apple sauce.....	266	58.00	26.31	79	105	3,868		
“ “.....	267	45.37	20.58	82	103	3,395		
“ “.....	268	51.75	23.47	94	117	4,577		
Syrup.....	292	23.50	10.66	.....	.....	7,462	
Total puddings, cakes, sauces and sugars.....	.....	298.00	135.18	1,619	1,592	32,873	

Dietaries for Hospitals

Potatoes, <i>boiled</i>	324	168.06	76.21	1,905	76	15,927
Beans, <i>baked</i>	008	26.25	11.91	989	1,417	2,513
" ".....	299	24.00	10.89	958	1,209	2,439
" ".....	300	28.37	12.87	939	1,055	2,394
Turnips.....	334	46.75	21.21	276	42	1,718
Macaroni.....	343	36.40	16.51	446	33	2,443
Kale.....	317	83.60	37.92	910	379	4,020
Pickles.....	328	35.75	16.22	81	49	438
Total vegetables and vegetable substitutes.....		449.12	203.74	6,504	4,260	31,892
Total vegetable food.....		1,289.57	584.97	23,009	7,607	172,019
Total food.....		1,942.27	881.04	50,154	58,458	191,949

Dieteries for Hospitals for the Insane

TABLE 11—Food Materials Served in Dietary Study No. 4, etc.—(Concluded)

KIND OF FOOD MATERIAL	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates.		
		Pounds	Kilograms	Grams					
<i>Vegetable food</i>									
Oatmeal..	153	15.00	6.80	217	95	864			
"	154	9.75	4.42	97	40	380			
Corn meal mush..	166	17.50	7.94	127	24	1,064			
"	167	14.75	6.69	127	27	1,030			
Hominy.....	180	10.25	4.65	65	5	609			
" fried	185	9.75	4.42	132	9	1,248			
Farina	174	9.90	4.49	94	13	669			
Wheat flakes.....	188	24.75	11.23	258	34	1,718			
Total breakfast foods .....	.....	111.65	50.64	1,117	247	7,582		
Bread.....	191	225.40	102.24	72.59	716	53,676			
Total breads.....	.....	225.40	102.24	72.59	716	53,676		
Pudding, tapioca.....	289	11.25	5.09	20	20	927			
" sago	234	19.50	8.85	248	79	2,204			
"	238	15.00	6.80	197	75	1,438			
Ginger cake	263	6.90	3.13	263	804	1,681			
Dried apple sauce	282	18.25	8.01	24	30	1,040			
Green "	267	12.00	5.44	22	27	898			
Syrup.....	292	88.90	17.65	.....	.....	12,865	
Total puddings, cakes .....	.....	116.80	52.97	774	535	20,533		

Dietaries for Hospitals for the Insane

Potatoes, boiled.....	324	42.00	19.05	476	19	3,981
Beans	301	16.25	7.37	641	545	1,651
"	302	31.63	14.85	961	961	2,468
Turnips.....	334	6.50	2.95	38	6	239
Macaroni and cheese.....	349	11.10	5.04	196	101	696
Total vegetables and vegetable substitutes.....	... ..	107.48	48.76	2,312	1,632	9,085
Total vegetable food.....	... ..	561.33	254.61	11,462	3,130	90,826
Total food.....	... ..	844.43	383.08	18,662	17,187	99,427

TABLE 12.

Food Material. Rejected in Dietary Study No. 4, of 50 Female Patients, Infirm, at Long Island State Hospital, Brooklyn Department, December 14-20, 1898

KIND OF FOOD MATERIAL	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo-hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms	Grams	Grams	Grams	Grams
<i>Animal food</i>							
Fish, fresh.....	50	.65	.29	55	9	.....	.....
Beef stew.....	97	12.00	5.44	250	359	.....	403
"	98	26.90	12.20	414	598	.....	781
"	99	4.50	2.04	86	139	.....	79
Mutton stew.....	101	3.40	1.54	74	100	.....	146
Hash, corned beef.....	112	2.00	.91	90	56	.....	94
"	113	3.90	1.77	140	89	.....	136
Total meats and meat substitutes.....	.....	53.35	24.19	1,109	1,350	.....	1,642
Cheese	137	.13	.06	16	20	.....	1
Total dairy products .....	.....	.13	.06	16	20	.....	1
Total animal food.....	.....	53.48	24.25	1,125	1,370	.....	1,643
<i>Vegetable food</i>							
Oatmeal.....	153	5.00	2.27	73	32	.....	988
"	154	3.00	1.36	30	12	.....	117

Dietaries for Hospitals for the Insane

[illegible]

Dietaries for Hospitals for the Insane

TABLE 13

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 4 of Fifty Female Patients, Infirm, December 14 to 20, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	18	3	15	20	4	16	25	5	20	362	70	292
Dairy products, etc.....	2	.....	2	20	.....	20	.....	.....	.....	194	.....	194
Total animal food.....	20	3	17	40	4	36	25	5	20	556	70	486
<i>Vegetable food</i>												
Breakfast foods	3	1	2	1	.....	1	22	6	17	112	25	87
Breads	21	1	20	2	.....	2	153	6	148	782	25	707
Puddings, cakes, sauces, etc.....	2	.....	2	1	.....	1	59	8	51	259	32	227
Vegetables and vegetable substitutes...	7	1	6	5	1	4	24	6	19	174	34	140
Total vegetable food	33	3	30	9	1	8	258	23	235	1,277	116	1,161
Total food	53	6	47	49	5	44	283	28	255	1,833	186	1,647

Dieteries for Hospitals for the Insane

Brooklyn Department, January 9-15, 1899

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds.	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast..	9	57.89	26.26	5,592	6,800	.....
" corned.....	18	26.15	11.86	2,206	3,724	.....
Mutton, boiled.....	25	27.50	12.47	2,020	4,215	.....
Pork, roast.....	26	20.25	9.19	1,562	6,424	.....
" salt.....	30	14.75	6.69	529	5,460	.....
Beef potpie.....	102	103.82	47.09	2,920	4,144	4,473
" stew.....	89	61.75	28.01	1,518	1,989	2,773
Clam chowder.....	65	115.50	51.48	1,338	566	5,260
Hash, corned beef.....	109	54.00	24.49	1,861	1,099	2,180
"	110	31.59	14.33	1,204	702	1,80
Codfish balls.....	63	19.50	8.85	1,142	752	1,212
Gravy, roast beef.....	132	14.00	6.35	89	6	591
"	133	14.75	6.69	34	7	234
" mutton.....	129	12.25	5.56	67	6	439
" fresh pork.....	128	15.66	7.10	43	7	284
Total meats and meat substitutes .....	.....	587.36	266.42	22,120	35,331	19,193

Dieteries for Hospitals for the Insane

TABLE 14.—Food Materials Served in Dietary Study, etc.—(Concluded)

KIND OF FOOD MATERIALS	R-eference number	WEIGHT						
		Total food		NUTRIENTS			Carbo- hydrates	
				Protein	Fat	Grams		
		Pounds	Kilograms	Grams	Grams	Grams	Grams	
<i>Animal food—(Concluded).</i>								
Butter	136	37.42	16.97	170	14,428	.....	.....
Cheese	137	23.40	10.61	2,748	3,575	.....	255
Total dairy products.....	.....	60.82	27.58	2,918	17,998	.....	255
Total animal food .....	.....	648.18	294.00	25,038	53,829	.....	19,448
<i>Vegetable food</i>								
Oatmeal.....	155	37.25	16.90	473	203	.....	1,876
“	156	37.00	16.78	487	218	.....	1,930
Farina	175	36.50	16.56	364	50	.....	2,534
Wheat flakes....	189	32.25	14.68	351	29	.....	1,917
Hominy	181	35.00	15.88	270	16	.....	2,620
“	182	32.25	14.68	284	15	.....	2,180
Total breakfast foods.....	.....	210.25	95.88	2,179	531	.....	18,057
Bread.....	191	513.48	232.91	16,536	1,630	192,288	
Total bread.....	513.48	232.91	16,536	1,630	192,288	

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Pudding, rice.....	283	41.75	18.94	803	153	2,354
" tapioca.....	243	38.00	17.34	103	86	2,918
" ".....	241	36.63	16.63	216	199	3,058
" ".....	243	38.00	17.24	188	188	1,638
Rice, boiled.....	199	37.64	17.07	290	17	2,799
" ".....	200	38.50	17.46	262	17	2,549
Ginger cake.....	255	16.25	7.37	383	427	3,744
" " sugar.....	256	9.40	4.36	243	354	1,308
" " ".....	257	13.89	6.30	536	951	2,999
Dried apple sauce.....	283	31.50	14.39	57	71	2,444
Prune sauce.....	288	24.10	10.93	77	.....	3,443
Syrup.....	292	85.53	38.80	.....	.....	27,160
Total puddings, cakes, sugars and sauces.....	.....	411.19	186.52	2,557	2,412	56,309
Potatoes, boiled.....	324	134.26	60.90	1,522	61	12,727
Beans, baked.....	293	49.75	22.57	1,692	654	5,101
Turnips, boiled.....	335	90.88	41.32	495	82	3,092
Cabbage, ".....	315	42.25	19.17	307	58	1,073
Pickles.....	328	8.25	3.74	19	11	101
Total vegetables and vegetable substitutes.....	.....	326.39	147.60	4,035	866	22,094
Total vegetable food.....	.....	1460.31	662.41	26,307	6,439	213,748
Total food.....	.....	2108.49	956.41	50,345	59,268	233,196

TABLE 15
*Food Materials Rejected in Dietary Study No. 5 of 96 Male Patients, Workers, at Long Island State Hospital,
 Brooklyn Department, January 9 to 15, 1899*

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
<i>Animal food</i>				Grams	Grams	Grams	
Beef, roast.....	9	11.89	5.39	1,148	1,896	.....
" corned.....	18	3.50	1.59	296	499	.....
Pork, roast.....	26	2.40	1.09	185	762	.....
" salt fried.....	30	2.00	.91	72	742	.....
Beef pot pie.....	102	3.22	1.46	91	128	189	
Beef stew.....	89	10.25	4.65	251	230	460	
Clam chowder.....	65	3.75	1.70	44	19	172	
Hash, corned beef.....	109	9.00	4.08	310	171	363	
Cod fish balls.....	63	.18	.08	10	7	11	
Gravy, roast beef....	132	2.00	.91	13	1	85	
" ".....	133	2.00	.91	5	1	32	
" mutton.....	129	1.00	.45	5	.....	36	
" fresh pork.....	128	1.60	.78	4	1	29	
Total meats and meat substitutes.....	.....	52.79	23.95	2,434	4,057	1,327	
Cheese.....	137	.86	.39	101	131	9	
Total dairy products.....	.....	.86	.39	101	131	9	
Total animal food.....	.....	53.65	24.34	2,535	4,188	1,336	

Dieteries for Hospitals for the Insane

Vegetable food						
Oatmeal.....	155	3.00	1.36	38	16	151
“.....	156	3.25	1.47	48	19	169
Farina.....	175	3.75	1.70	37	5	260
Wheat flakes.....	189	2.50	1.13	27	2	148
Hominy.....	181	5.50	2.49	42	2	411
“.....	182	3.75	1.70	27	2	253
Total breakfast foods.....	.....	21.75	9.85	214	46	1,892
Bread.....	.....	6.51	2.95	209	21	1,549
Total breads.....	.....	6.51	2.95	209	21	1,549
Pudding, rice.....	232	.13	.06	1	.....	7
“ tapioca.....	243	.60	.27	2	1	46
“.....	242	.36	.16	1	1	15
Rice, boiled.....	199	1.50	.68	12	1	112
“.....	200	.84	.38	6	.....	55
Ginger cake, sugar.....	256	.12	.05	3	4	15
“.....	257	.06	.03	3	5	14
Dried apple sauce.....	283	3.75	1.70	7	9	291
Prunes.....	288	.35	.16	1	.....	50
Syrup.....	292	11.86	5.39	.....	.....	3,773
Total puddings, cakes, sauces and sugars.....	.....	19.57	8.88	36	21	4,378
Potatoes, boiled.....	324	6.77	3.07	77	3	642
Beans, baked.....	293	1.61	.68	55	22	165
Turnips, boiled.....	335	18.75	8.51	102	17	638

Dieteries for Hospitals for the Insane

TABLE 15.—Food Materials in Dietary Study No. 5, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total number	NUTRIENTS			Carbo- hydrates	
			Protein	Fat	Grams		
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Concluded)</i>							
Cabbage.....	315	1.50	.68	11	2	38	
Pickles	328	.25	.11	1	.....	3	
Total vegetables and vegetable substitutes.....	.....	28.88	13.05	246	44	1,486	
Total vegetable food.....	.....	76.71	34.78	705	132	8,805	
Total food.....	.....	130.86	59.12	3,240	4,320	10,141	

Dietaries for

Potatoes, boiled.....	324	42.00	19.05	476	19	3,981
Beans.....	301	16.25	7.37	641	545	1,651
".....	302	31.63	14.35	961	961	2,468
Turnips.....	334	6.50	2.95	38	6	239
Macaroni and cheese.....	349	11.10	5.04	196	101	696
Total vegetables and vegetable substitutes.....	.....	107.48	48.76	2,312	1,632	9,035
Total vegetable food.....	.....	561.33	254.61	11,462	3,130	90,826
Total food.....	.....	844.43	383.03	18,662	17,187	99,427

Dieteries for Hospitals for the Insane

TABLE 17
Food Materials Served in Dietary Study No. 6, of 117 Female Patients, Workers, at Long Island State Hospital, Brooklyn Department, January 9-15, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food			NUTRIENTS		
		Pounds	Kilograms	Grams	Protein	Fat	Carbo- hydrates
<i>Animal food</i>							
Beef, roast.....	9	36.75	16.67	3,551	Grams	4,318	Grams
" corned	18	22.50	10.21	1,899		3,206	
Mutton, boiled.....	25	30.75	13.95	2,260		4,715	
Pork, roast.....	26	38.25	17.35	2,950		12,128	
" salt fried	30	12.50	5.67	448		4,627	
Beef, stew.....	92	109.25	49.56	3,072		4,361	4,708
"	89	43.78	19.86	1,072		1,410	1,965
Clam chowder	55	110.00	49.90	1,297		549	5,010
Hash, corned beef.....	109	29.50	13.38	1,017		562	1,191
Corned beef.....	110	40.75	18.48	1,552		905	2,328
Codfish balls.....	63	17.75	8.05	1,038		684	1,103
Gravy, roast beef.....	132	15.50	7.03	98		7	654
"	133	17.00	7.71	39		8	270
" mutton.....	129	23.25	10.55	127		11	833
" fresh pork.....	128	22.00	9.98	60		10	399
Total meats and meat substitutes	569.53	258.35	20,480		37,501	18,492

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Butter	186	37.69	17.10	171	14,634
Cheese	187	16.00	7.26	1,880	2,447	174
Total dairy products	53.69	24.36	2,051	16,981	174
Total animal food .....	.....	628.32	282.71	22,531	54,482	18,866
<i>Vegetable food</i>						
Oatmeal.....	155	29.00	13.15	368	158	1,460
"	156	28.00	12.70	368	165	1,460
Farina.....	175	35.75	16.22	357	49	2,482
Wheat flakes.....	189	26.75	12.13	291	24	1,589
Cornmeal mush	168	9.00	4.08	65	12	534
Hominy.....	181	16.50	7.48	129	7	1,284
"	182	16.25	7.37	118	7	1,098
Total breakfast foods.....	.....	161.25	73.13	1,696	422	9,857
Bread	191	401.25	73.13	1,696	422	9,857
Total bread .....	.....	401.25	73.13	1,696	422	9,857
Pudding, rice.....	281	8.50	3.86	66	19	672
"	232	26.50	12.02	192	96	1,430
" tapioca.....	243	29.00	13.15	79	66	2,222
"	241	24.50	11.11	144	133	2,044
"	242	28.75	13.04	104	104	1,239
Rice, boiled.....	199	38.25	17.35	295	17	2,846
"	200	42.00	19.05	286	19	2,781
Ginger cake.....	255	20.00	9.07	408	526	4,608
" sugar.....	256	20.00	9.07	517	753	2,784
"	257	16.00	72.6	617	1,096	3,456

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TABLE 17.—Food Materials Served in Dietary Study No. 6, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT						
	Reference number	Total food		NUTRIENTS			Carbo- hydrates
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food—(Concluded)</i>							
Dried apple sauce.....	283	34.50	11.11	44	55	1,900	
Prune ".....	288	25.37	11.51	81	.....	3,625	
Syrup.....	292	47.41	21.51	.....	.....	15,057	
Total puddings, cakes, sauces and sugars.....	.....	350.78	159.11	2,838	2,884	44,664	
Potatoes, boiled.....	324	134.90	61.19	1,530	61	12,788	
Beans, baked.....	293	48.35	21.94	1,646	637	4,958	
Turnips, boiled.....	385	35.75	38.90	467	78	2,917	
Cabbage ".....	315	44.75	20.80	325	61	1,137	
Pickles.....	328	10.25	4.65	23	14	126	
Total vegetables and vegetable substitutes.....	.....	324.00	146.98	3,991	851	21,926	
Total vegetable food.....	.....	1,387.98	561.93	21,443	5,431	179,009	
Total food.....	.....	1,360.50	548.94	48,974	59,913	190,663	

TABLE 14
*Materials Served in Dietary Study No. 5, of 96 Male Patients,
 Brooklyn Department, January 9-15, 1899*
 Workers at Long Island State Hospital,

KIND OF FOOD MATERIALS	R e f e r e n c e n u m b e r	WEIGHT				
		Total food		NUTRIENTS		
		Pounds.	K i l o g r a m s	Protein	Fat	Carbo- hydrates
				Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.	9	57.89	26.26	5,592	6,800	.....
" corned	18	26.15	11.86	2,206	3,724	.....
Mutton, boiled	25	27.50	12.47	2,020	4,215	.....
Pork, roast.	26	20.25	9.19	1,562	6,424	.....
" salt.	30	14.75	6.69	529	5,460	.....
Beef potpie	102	103.82	47.09	2,920	4,144	4,473
" stew	89	61.75	28.01	1,513	1,989	2,773
Clam chowder	65	115.50	51.48	1,338	566	5,200
Hash, corned beef	109	54.00	24.49	1,861	1,029	2,180
" "	110	31.59	14.33	1,204	702	1,801
Codfish balls.	63	19.50	8.85	1,142	752	1,212
Gravy, roast beef.	132	14.00	6.35	89	6	591
" "	133	14.75	6.69	34	7	234
" mutton	129	12.25	5.56	67	6	439
" fresh pork	128	15.66	7.10	43	7	284
Total meats and meat substitutes	587.36	266.42	22,120	35,831	19,193

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TABLE 19

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 6, of
117 Female Patients, Workers, January 9-15, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	26	4	31	46	7	39	23	2	21	625	90	535
Dairy products, etc.....	3	.....	3	20	.....	20	.....	.....	.....	198	.....	198
Total animal food.....	29	4	34	66	7	59	23	2	21	823	90	733
<i>Vegetable food</i>												
Breakfast foods	2	.....	2	.....	.....	.....	13	1	11	57	4	53
Breads	16	1	15	2	.....	2	117	8	109	564	37	527
Puddings, cakes, sauces, sugars, etc....	3	.....	3	4	.....	4	54	2	52	271	8	263
Vegetables and vegetable substitutes ..	5	1	4	1	.....	1	27	3	24	140	16	124
Total vegetable food	26	2	24	7	7	210	14	196	1,032	65	967
Total food	54	6	48	73	7	66	288	16	217	1,855	155	1,700

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g, rice.....	282	41.75	18.94	303	152	2,254
" tapioca.....	243	38.00	17.94	103	86	9,918
" ".....	241	36.63	16.62	216	199	3,058
" ".....	242	38.00	17.24	138	138	1,638
Rice, boiled.....	199	37.64	17.07	290	17	2,799
" ".....	200	38.50	17.46	262	17	2,549
Ginger cake.....	255	16.25	7.37	332	427	3,744
" " sugar.....	256	9.40	4.26	243	354	1,308
" " ".....	257	13.89	6.30	536	951	2,999
Dried apple sauce.....	283	31.50	14.29	57	71	2,444
Prune sauce.....	288	24.10	10.93	77	.....	3,443
Syrup.....	292	85.53	38.80	.....	.....	27,166
Total puddings, cakes, sugars and sauces.....	.....	411.19	186.52	2,557	2,412	56,309
Potatoes, boiled.....	324	134.26	60.90	1,522	61	12,727
Beans, baked.....	293	49.75	22.57	1,692	654	5,101
Turnips, boiled.....	335	90.88	41.22	495	82	3,092
Cabbage, ".....	315	42.25	19.17	307	58	1,073
Pickles.....	328	8.25	3.74	19	11	101
Total vegetables and vegetable substitutes.....	.....	325.39	147.60	4,035	866	22,094
Total vegetable food.....	.....	1460.31	662.41	25,307	5,439	213,748
Total food.....	.....	2108.49	956.41	50,345	59,268	233,196

TABLE 10
*Food Materials Rejected in Dietary Study No. 5 of 96 Male Patients, Workers, at Long Island State Hospital,
 Brooklyn Department, January 9 to 15, 1899*

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS			
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	
		Pounds	Kilograms						
<i>Animal food</i>									
Beef, roast.....	132	2.00	.91	13	1	85	1,396	.....
" corned.....	133	2.00	.91	5	1	32	499	.....
Pork, roast.....	129	1.00	.45	5	.....	36	762	.....
" salt fried.....	128	1.60	.73	4	1	29	742	.....
Beef pot pie.....							91	128	
Beef stew.....							251	230	
Clam chowder.....							44	19	
Hash, corned beef.....							310	171	
Cod fish balls.....							10	7	
Gravy, roast beef.....							13	1	
" ".....							5	1	
" mutton.....							5	.....
" fresh pork.....							4	1	
Total meats and meat substitutes.....		52.79	23.95	2,434	4,057	1,327			
Cheese.....	137	.86	.39	101	131	9			
Total dairy products.....		.86	.39	101	131	9			
Total animal food.....		53.65	24.34	2,535	4,188	1,336			

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Potatoes, boiled	394	32.70	14.83	371	15	3,099
Beans, baked	293	22.50	10.20	765	296	2,305
Turnips	335	7.75	3.52	43	7	264
Macaroni and cheese	348	24.50	11.11	867	611	2,344
Total vegetables and vegetable substitutes .....	.....	87.45	39.66	2,045	929	8,012
Total vegetable food	620.62	281.52	12,133	3,151	99,900
Total food	985.34	446.96	20,202	20,434	110,078

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TABLE 15.—Food Materials in Dietary Study No. 5, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total number		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>	315	1.50	.68	11	2	38
Cabbage.....	328	.25	.11	1	.....	3
Pickles .....	.....	28.88	13.05	246	44	1,486
Total vegetables and vegetable substitutes.....	76.71	34.78	705	132	8,805
Total vegetable food.....	130.36	59.12	3,240	4,320	10,141
Total food.....					

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TABLE 16
*Calories and Energy per Person per day in Food Served, Rejected and Actually Eaten in Dietary No. 5,
 of 96 Male Patients, Workers, January 9 to 15, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	33	4	29	53	6	47	29	2	27	747	81	666
Dairy products, etc.....	4	.....	4	27	.....	27	.....	.....	.....	268	.....	268
Total animal food.....	37	4	33	80	6	74	29	2	27	1,015	81	934
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	1	.....	1	19	2	17	100	8	92
Breads	25	1	24	2	.....	2	182	2	180	867	12	855
Puddings, cakes, sauces, sugars, etc....	4	.....	4	4	.....	4	84	7	77	398	29	369
Vegetables and vegetable substitutes....	6	.....	6	1	.....	1	33	2	31	169	8	161
Total vegetable food	38	1	37	8	8	318	13	305	1,534	57	1,477
Total food.....	75	5	70	88	6	82	347	15	332	2,549	138	2,411

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.....	136	37.69	17.10	171	14,634
.....	187	16.00	7.26	1,880	2,447	174
.....	53.69	24.36	2,051	16,981	174
.....	623.22	232.71	22,531	54,482	18,666
.....
.....	155	29.00	13.15	368	158	1,460
.....	156	28.00	12.70	368	165	1,460
.....	175	35.75	16.22	357	49	2,482
.....	189	26.75	12.13	291	24	1,589
.....	168	9.00	4.08	65	12	534
.....	181	16.50	7.48	129	7	1,234
.....	182	16.25	7.37	118	7	1,098
.....	.....	161.25	73.13	1,696	422	9,857
.....	191	401.25	73.13	1,696	422	9,857
.....	.....	401.25	73.13	1,696	422	9,587
.....	231	8.50	3.86	66	19	672
.....	232	26.50	12.02	192	96	1,430
.....	243	29.00	13.15	79	66	2,222
.....	241	24.50	11.11	144	133	2,044
.....	242	28.75	13.04	104	104	1,239
.....	199	38.25	17.35	295	17	2,846
.....	200	42.00	19.05	286	19	2,781
.....	255	20.00	9.07	408	526	4,608
.....	256	20.00	9.07	517	753	2,784
.....	257	16.00	72.6	617	1,096	3,456

tal dairy products

Total animal food

Vegetable food

Oatmeal

" "

Farina

Wheat flakes

Cornmeal mush

Hominy

" "

Total breakfast foods

Bread

Total bread

Pudding, rice

" "

" tapioca

" "

" "

Rice, boiled

" "

Ginger cake

" sugar

" "

" "

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TABLE 22

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 7, of 45 Male Patients, Infirm, January 9 to 15, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 23	Grams 2	Grams 21	Grams 28	Grams 2	Grams 26	Grams 32	Grams 2	Grams 30	Calories 486	Calories 35	Calories 451
Dairy products, etc.....	3	.....	3	27	.....	27	.....	.....	.....	263	.....	263
Total animal food.....	26	2	24	55	2	53	32	2	30	749	85	714
<i>Vegetable food</i>												
Breakfast foods	4	.....	4	3	.....	3	30	2	28	167	8	159
Breads	26	1	25	3	.....	3	190	5	185	914	25	889
Puddings, cakes, sauces, sugars, etc....	2	.....	2	1	.....	1	71	6	65	809	25	284
Vegetables and vegetable substitutes..	6	.....	6	3	1	2	26	2	24	159	17	142
Total vegetable food.....	38	1	37	10	1	9	317	15	302	1,549	75	1,474
Total food.....	64	3	61	65	3	62	349	17	332	2,298	110	2,188

TABLE 18
 Materials Rejected in Dietary Study No. 6, of 117 Female Patients, Workers, at Long Island State Hospital,
 Brooklyn Department, January 9-15, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	
		Pounds	Kilograms						
<i>Animal food</i>									
Beef, roast.....	9	8.75	3.97	846	1,028	.....	.....	.....	.....
“ corned.....	18	4.75	2.15	400	675	.....	.....	.....	.....
Mutton, boiled.....	25	7.25	3.29	533	1,112	.....	.....	.....	.....
Pork, roast.....	26	3.00	1.36	231	950	.....	.....	.....	.....
“ salt, fried.....	30	2.50	1.13	89	922	.....	.....	.....	.....
Beef, stew.....	92	14.75	6.69	415	589	.....	.....	.....	636
“.....	89	8.53	3.87	209	275	.....	.....	.....	383
Clam chowder.....	65	3.75	1.70	44	19	.....	.....	.....	172
Hash, corned beef.....	109	3.25	1.47	112	62	.....	.....	.....	131
“.....	110	3.00	1.36	114	67	.....	.....	.....	171
Gravy, roast beef.....	132	1.00	.45	6	.....	.....	.....	.....	42
“.....	133	.50	.23	1	.....	.....	.....	.....	8
“ mutton.....	129	1.75	.79	9	1	.....	.....	.....	62
Total meats and meat substitutes.....	.....	62.78	28.46	3,009	5,700	.....	.....	.....	1,605
Cheese.....	137	1.50	.68	176	226	.....	.....	.....	16
Total dairy products.....	.....	1.50	.68	176	226	.....	.....	.....	16
Total animal food.....	.....	64.28	29.14	3,185	5,926	.....	.....	.....	1,621

Dietaries for Hospitals for the Insane

TABLE 23.—Food Materials Served in Dietary Study No. 8, etc.—(Concluded).

KIND OF FOOD MATERIAL	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein		Fat		Carbo-hydrates		
		Pounds	Kilograms	Grams	Grams	Grams	Grams	Grams	Grams	
<i>Vegetable food</i>										
Oatmeal.....	155	11.25	5.10	148	61	566				
"		13.75	6.24	181	81	718				
Farina	175	13.00	5.90	130	18	908				
Wheat flakes.....	190	12.00	5.44	92	11	511				
Cornmeal mush	168	33.50	15.20	243	46	1,991				
Hominy.....	181	20.00	9.07	154	9	1,497				
" fried.....	186	12.50	5.67	186	550	1,327				
Total breakfast foods .....	.....	116.00	52.62	1,079	776	7,518				
Bread.....	191	223.25	101.27	7,190	709	53,167				
Total bread.....	.....	223.25	101.27	7,190	709	53,167				
Pudding, rice	231	13.00	5.90	100	30	1,027				
" "	232	11.50	5.22	84	43	631				
" tapioca	241	8.50	3.86	50	46	710				
" "	242	11.50	5.22	42	43	496				
Ginger cake.....	254	6.00	2.72	174	160	1,938				

Dietaries for Hospitals for the Insane

<i>Dried apple sauce</i>	288	11.60	5.22	21	26	898
" "	284	9.50	4.31	13	17	655
<i>Syrup</i>	292	25.45	11.54	.....	.....	8,078
Total puddings, cakes, sauces and sugars .....	.....	96.95	43.99	484	363	14,408
Potatoes, boiled	324	41.40	18.78	469	19	8,925
Beans, baked	294	23.75	10.77	808	312	2,434
Turnips	335	3.00	1.36	16	3	102
Macaroni and cheese	348	15.75	7.14	557	398	1,506
Total vegetables and vegetable substitutes .....	.....	88.90	38.05	1,850	727	7,967
Total vegetable food .....	.....	520.10	235.93	10,603	2,575	88,050
Total food .....	.....	777.95	352.90	15,890	16,166	90,101

Dietaries for Hospitals for the Insane

TABLE 20.—Food Materials Served in Dietary Study No 7, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo-hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food</i>							
Oatmeal	155	16.25	7.37	206	88	818	
"		20.25	9.19	267	119	1,057	
Farina	156	19.50	8.85	195	27	1,354	
Wheat flakes	175	18.50	8.39	143	17	789	
Corn meal mush	190	38.41	17.42	279	52	2,282	
Hominy	168	18.50	8.39	143	8	1,384	
" fried	181	17.25	7.83	188	759	1,832	
Total breakfast food .....	.....	148.66	67.44	1,421	1,070	9,516	
Bread	191	251.99	114.80	8,114	800	60,000	
Total breads .....	.....	251.99	114.30	8,114	800	60,000	
Pudding, rice	231	22.50	10.21	174	51	1,776	
"	232	22.25	10.09	161	80	1,201	
Ginger cake	254	5.64	2.56	164	161	1,810	
Dried apple sauce	283	16.75	7.60	30	38	1,300	
"	284	18.00	8.17	24	32	1,242	
Syrup	292	47.98	21.49	.....	.....	15,043	
Total puddings, cakes, sauces and sugars .....	.....	132.52	60.12	553	352	22,372	

Dieteries for Hospitals for the Insane

Potatoes, boiled.....	324	32.70	14.83	371	15	3,099
Beans, baked.....	293	22.50	10.20	765	296	2,305
Turnips.....	335	7.75	3.52	42	7	264
Macaroni and cheese.....	348	24.50	11.11	867	611	2,344
Total vegetables and vegetable substitutes.....	.....	87.45	39.66	2,045	929	8,012
Total vegetable food.....	.....	620.62	281.52	12,133	3,151	99,900
Total food.....	.....	985.34	446.96	20,202	20,434	110,073

Dieteries for Hospitals for the Insane

TABLE 21
*Food Materials Rejected in Dietary Study No. 7, of 45 Male Patients, Infirm, at Long Island State Hospital,
 Brooklyn Department, January 9-15, 1899*

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food			NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates	Grams
<i>Animal food</i>							
Pork, roast.....	25	1.00	.45	77	315	.....	Grams
Beef stew.....	90	6.38	2.89	202	179	240	.....
".....	91	4.00	1.81	73	78	112	.....
Soup, beef.....	69	3.50	1.59	68	83	40	.....
" vegetable.....	85	7.10	3.22	26	3	164	.....
Clam chowder.....	65	1.00	.45	12	5	45	.....
Hash, corned beef.....	109	3.25	1.48	112	62	132	.....
Gravy.....	128	.50	.23	1	.....	9	.....
Total meats and meat substitutes.....	.....	26.73	12.12	571	725	742	.....
Total animal food.....	.....	26.73	12.12	571	725	742	.....

Dieteries for Hospitals for the Insane

Vegetable food									
Oatmeal	155	1.12	.51	14	6	57			
“	156	.25	.11	3	1	13			
Farina	175	1.00	.45	10	1	69			
Wheat flakes.....	190	2.00	.91	15	2	86			
Cornmeal mush	168	3.10	1.41	23	4	185			
Hominy	181	2.00	.91	15	1	150			
Total breakfast foods .....	.....	9.47	4.30	80	15	560		
Bread.....	191	6.94	3.15	224	22	1,654			
Total breads.....	.....	6.94	3.15	224	22	1,654		
Rice pudding.....	231	.25	.11	2	1	19			
Dried applesauce.....	283	3.75	1.70	7	8	291			
“	284	3.25	1.48	4	6	225			
Syrup.....	292	4.55	2.06	.....	.....	1,442	
Total puddings, cakes, sauces and sugars .....	.....	11.80	5.35	13	15	1,977		
Potatoes, boiled	324	1.45	.66	15	1	138			
Beans, baked	293	.48	.22	17	7	50			
Turnips	335	.60	.27	3	1	20			
Macaroni and cheese.....	348	2.75	1.25	98	69	264			
Total vegetables and vegetable substitutes.....	.....	5.28	2.40	133	78	472		
Total vegetable food .....	.....	33.49	15.20	450	130	4,663		
Total food.....	.....	60.22	27.32	1,021	855	5,405		

Dieteries for Hospitals for the Insane

TABLE 22

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 7, of 45 Male Patients, Infirm, January 9 to 15, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	23	2	21	28	2	26	32	2	30	486	35	451
Dairy products, etc.....	3	.....	3	27	.....	27	.....	.....	.....	263	.....	263
Total animal food.....	26	2	24	55	2	53	32	2	30	749	85	714
<i>Vegetable food</i>												
Breakfast foods	4	.....	4	3	.....	3	30	2	28	167	8	159
Breads	26	1	25	3	.....	3	190	5	185	914	25	889
Puddings, cakes, sauces, sugars, etc.....	2	.....	2	1	.....	1	71	6	65	809	25	284
Vegetables and vegetable substitutes..	6	.....	6	3	1	2	26	2	24	159	17	143
Total vegetable food.....	38	1	37	10	1	9	317	15	302	1,549	75	1,474
Total food.....	64	3	61	65	8	62	349	17	332	2,298	110	2,188

Dieteries for Hospitals for the Insane

TABLE 23

Food Materials Served in Dietary Study No. 8, of 50 Female Patients, Infirm, at Long Island State Hospital, Brooklyn Department, January 9-15, 1899

KIND OF FOOD MATERIAL	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Pork, roast.....	26	7.00	3.18	541	2,293	.....
Beef, stew.....	90	42.75	19.39	1,357	1,202	1,609
".....	91	43.95	19.94	798	857	1,286
Soup, beef.....	69	37.50	17.01	731	884	425
" vegetable.....	85	32.00	14.52	116	15	741
Clam chowder.....	65	43.75	19.85	516	218	2,005
Hash, corned beef.....	109	21.50	9.75	741	410	868
Gravy.....	128	7.25	3.29	90	3	132
Total meats and meat substitutes.....	.....	235.70	106.93	4,820	5,812	7,016
Butter.....	136	18.90	8.57	86	7,284	.....
Cheese.....	137	3.25	1.47	381	495	35
Total dairy products.....	.....	22.15	10.04	467	7,779	35
Total animal food.....	.....	257.85	116.97	5,287	13,591	7,061

Dieteries for Hospitals for the Insane

TABLE 23—Food Materials Served in Dietary Study No. 8, etc.—(Concluded).

KIND OF FOOD MATERIAL	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms	Grams					
								Grams	
<i>Vegetable food</i>									
Oatmeal.....	155	11.25	5.10	143	61	566			
".....	156	13.75	6.24	181	81	718			
Farina.....	175	13.00	5.90	130	18	908			
Wheat flakes.....	190	12.00	5.44	92	11	511			
Cornmeal mush.....	168	33.50	15.20	243	46	1,991			
Hominy.....	181	20.00	9.07	154	9	1,497			
" fried.....	186	12.50	5.67	136	550	1,327			
Total breakfast foods.....	.....	116.00	52.62	1,079	776	7,513		
Bread.....	191	223.25	101.27	7,190	709	53,167			
Total bread.....	.....	223.25	101.27	7,190	709	53,167		
Pudding, rice.....	231	13.00	5.90	100	30	1,027			
".....	232	11.50	5.22	84	42	621			
" tapioca.....	241	8.50	3.86	50	46	710			
Ginger cake.....	242	11.50	5.22	42	42	496			
".....	254	6.00	2.72	174	160	1,923			

Dieteries for Hospitals for the Insane

TABLE 23
*Food Materials Served in Dietary Study No. 8, of 50 Female Patients, Infirm, at Long Island State Hospital,
 Brooklyn Department, January 9-15, 1899*

KIND OF FOOD MATERIAL	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
Pounds	Kilograms	Grams	Grams	Grams	Grams		
<i>Animal food</i>							
Pork, roast.....	26	7.00	3.18	541	2,223	1,609	
Beef, stew.....	90	42.75	19.39	1,357	1,202	1,236	
".....	91	43.95	19.94	798	857	425	
Soup, beef.....	69	37.50	17.01	731	884	741	
" vegetable.....	85	32.00	14.52	116	15	2,005	
Clam chowder.....	65	43.75	19.85	516	218	868	
Hash, corned beef.....	109	21.50	9.75	741	410	132	
Gravy.....	128	7.25	3.29	20	3		
Total meats and meat substitutes.....	.....	235.70	106.93	4,820	5,812	7,016
Butter.....	136	18.90	8.57	86	7,284	35	
Cheese.....	137	3.25	1.47	381	495		
Total dairy products.....	.....	22.15	10.04	467	7,779	35
Total animal food.....	.....	257.85	116.97	5,287	13,591	7,051

Dietaries for Hospitals for the Insane

TABLE 24
*Food Materials in Dietary Study No. 8, of 50 Female Patients, Infirm, at Long Island State Hospital, Brooklyn
 Department, January 9-15, 1899*

KIND OF FOOD MATERIAL	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Proteins	Fat	Carbo- hydrates	
Pounds	Kilograms	Grams	Grams	Grams	Grams		
<i>Animal food</i>							
Pork, roast.....	26	1.25	.57	97	398	.....
Beef stew	90	6.00	2.73	190	169	226	
"	91	9.20	4.17	167	179	259	
Soup, beef.....	69	7.25	3.29	141	171	82	
Clam chowder	65	3.75	1.70	44	19	172	
Hash, corned beef.....	109	1.25	.57	43	24	51	
Gravy	198	1.00	.45	8	.....	18
Total meats and meat substitutes.....	.....	29.70	13.47	685	960	808
<i>Cheese</i>							
Cheese.....	137	.50	.23	60	78	6	
<i>Total dairy products</i>							
Total dairy products.....	.....	.50	.23	60	78	6
<i>Total animal food</i>							
Total animal food.....	.....	30.20	13.70	745	1,038	814

Dieteries for Hospitals for the Insane

<i>Vegetable food</i>							
		155	2.25	1.02	29	12	118
Oatmeal.....		155	2.25	1.02	29	12	118
"		156	.50	.23	7	3	26
Farina		175	3.00	1.86	30	4	208
Wheat flakes.....		190	2.00	.91	16	2	86
Cornmeal mush		168	2.75	1.25	20	4	164
Hominy.....		181	2.25	1.02	17	1	168
" fried.		186	.25	.11	3	11	26
Total breakfast food.....		.....	18.00	5.90	122	37	791
Bread.....		191	12.87	5.84	415	41	3,066
Total bread.....		.....	12.87	5.84	415	41	3,066
Pudding, rice		231	.25	.11	2	1	19
" "		232	.75	.34	5	8	41
" tapioca.....		241	1.00	.45	6	5	83
" "		242	1.25	.57	5	5	54
Dried apple sauce		283	2.25	1.02	4	5	174
" "		284	1.25	.57	2	2	87
Syrup.....		292	2.40	1.09	.....	.....	763
Total puddings, cakes, sauces and sugars.....		9.15	4.15	24	21	1,221
Potatoes, boiled.....		324	7.90	3.58	89	4	748
Beans, baked.....		293	2.75	1.24	93	36	281

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TABLE 24
Food Materials in Dietary Study No. 8, of 50 Female Patients, Infirm, at Long Island State Hospital, Brooklyn
Department, January 9-15, 1899

KIND OF FOOD MATERIAL	Reference number	WEIGHT						
		Total food			NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates		
<i>Animal food</i>								
Pork, roast.....	26	1.25	.57	Grams 97	Grams 398	Grams		
Beef stew.....	90	6.00	2.72	190	169	226		
".....	91	9.20	4.17	167	179	259		
Soup, beef.....	69	7.25	3.29	141	171	82		
Clam chowder.....	65	3.75	1.70	44	19	172		
Hash, corned beef.....	109	1.25	.57	43	24	51		
Gravy.....	128	1.00	.45	3	.....	18	
Total meats and meat substitutes.....	.....	29.70	13.47	685	960	808	
Cheese.....	137	.50	.23	60	78	6		
Total dairy products.....	.....	50	.23	60	78	6	
Total animal food.....	.....	30.20	13.70	745	1,038	814	

Dieteries for Hospitals for the Insane

Vegetable food									
Oatmeal.....	155	2.25	1.02	29	12	113			
“.....	156	.50	.23	7	3	26			
Farina.....	175	3.00	1.36	30	4	208			
Wheat flakes.....	190	2.00	.91	16	2	86			
Cornmeal mush.....	168	2.75	1.25	20	4	164			
Hominy.....	181	2.25	1.02	17	1	168			
“fried.....	186	.25	.11	3	11	26			
Total breakfast food.....	.....	13.00	5.90	122	37	791		
Bread.....	191	12.87	5.84	415	41	3,066			
Total bread.....	.....	12.87	5.84	415	41	3,066		
Pudding, rice.....	231	.25	.11	2	1	19			
“.....	232	.75	.34	5	3	41			
“tapioca.....	241	1.00	.45	6	5	83			
“.....	242	1.25	.57	5	5	54			
Dried apple sauce.....	283	2.25	1.02	4	5	174			
“.....	284	1.25	.57	2	2	87			
Syrup.....	292	2.40	1.09	.....	.....	763	
Total puddings, cakes, sauces and sugars.....	9.15	4.15	24	21	1,221			
Potatoes, boiled.....	324	7.90	3.58	89	4	748			
Beans, baked.....	293	2.75	1.24	93	36	281			

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TABLE 24.—Food Materials in Dietary Study No. 8, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Continued)</i>						
Turnips	335	.75	.34	4	1	26
Macaroni and cheese	348	1.50	.68	53	37	143
Total vegetables and vegetable substitutes .....	.....	12.90	5.84	239	78	1,198
Total vegetable food .....	.....	47.92	21.73	800	177	6,276
Total food .....	.....	78.12	35.43	1,545	1,215	7,090

Dietaries for Hospitals for the Insane

TABLE 24—Food Materials in Dietary Study No. 8, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo-hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Continued)</i>							
Turnips	335	.75	.34	4	1	26	
Macaroni and cheese	348	1.50	.68	53	37	148	
Total vegetables and vegetable substitutes .....	.....	12.90	5.84	239	78	1,198	
Total vegetable food .....	.....	47.92	21.73	800	177	6,276	
Total food .....	.....	78.12	35.43	1,545	1,215	7,090	

Dieteries for Hospitals for the Insane

of 50 Female Patients, Infirm, January 9 to 15, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes	Grams 14	Grams 2	Grams 12	Grams 17	Grams 3	Grams 14	Grams 20	Grams 2	Grams 18	Calories 297	Calories 44	Calories 253
Dairy products, etc.....	1	.....	1	22	.....	22	.....	.....	.....	209	.....	209
Total animal food	15	2	13	39	3	36	20	2	18	506	44	462
<i>Vegetable food</i>												
Breakfast foods ..	3	.....	3	2	.....	2	21	2	19	117	8	109
Breads	21	1	20	2	.....	2	152	9	143	728	41	687
Puddings, cakes, sauces, sugars, etc....	1	.....	1	1	.....	1	41	3	38	182	13	169
Vegetables and vegetable substitutes....	5	1	4	2	.....	2	23	4	19	133	20	113
Total vegetable food	30	2	28	7	7	237	18	219	1,160	72	1,078
Total food.....	45	4	41	46	3	43	257	20	237	1,666	116	1,540

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TABLE 26—*Materials Served in Dietary No. 9, etc.—(Concluded)*

KIND OF FOOD MATERIAL	WEIGHT				NUTRIENTS		
	Reference number	Total food			Protein	Fat	Carbo-hydrates
<i>Vegetable food—(Concluded)</i>							
Potatoes, boiled.....				ms	Grams	Grams	Grams
“ mashed.....				072	43	8,960	
“ baked.....				362	773	2,696	
Beets.....				329	13	2,748	
Turnips.....				98	6	594	
Beans.....				37	147	535	
Sauerkraut.....				938	409	2,475	
Macaroni and cheese.....				195	57	435	
Dressing.....				516	530	842	
Pickles.....				488	990	1,278	
	828	4.25	1.93	10	6	52	
Total vegetables and vegetable substitutes.....		270.25	122.58	4,095	2,974	20,615	
Total vegetable food.....		715.87	324.70	13,663	6,367	107,199	
Total food.....		1133.86	514.30	29,642	42,352	116,673	

Dieteries for Hospitals for the Insane

Vegetable food						
Oatmeal.....	157	17.00	7.71	254	108	995
“	158	8.25	3.74	101	45	396
“	159	16.50	7.48	167	67	636
Corn meal mush.....	169	13.50	6.12	98	18	808
“	171	7.75	3.52	63	14	507
Hominy.....	183	14.50	6.58	99	7	954
“	184	5.75	2.61	44	3	433
Total breakfast foods.....	.....	83.25	37.76	816	262	4,729
Bread	191	205.75	93.33	6,626	653	49,000
Total breads.....	.....	205.75	93.33	6,626	653	49,000
Boiled rice.....	196	14.75	6.69	134	27	1,184
Rice pudding	222	16.00	7.26	247	399	2,454
Cornstarch pudding.....	214	16.50	7.48	127	135	2,012
Tapioca	236	19.75	8.96	269	224	3,969
Ginger cake.....	247	17.25	7.82	454	626	4,747
“	246	7.00	3.18	191	229	1,844
Johnny cake.....	258	24.50	11.11	678	800	4,522
Dried apple sauce.....	272	7.75	3.51	11	18	1,099
“	273	11.00	4.99	15	20	1,078
Sugar.....	291	21.50	9.75	.....	.....	9,750
Syrup.....	292	.62	.28	196
Total puddings, cakes, sauces and sugars	156.62	71.03	2,126	2,478	32,855

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TABLE 27.—Food Materials Rejected in Dietary Study No. 9.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Vegetable food</i>									
Oatmeal.....	157		3.06	101	43	Gr ans	395		
".....				40	18		156		
".....				36	15		145		
Cornmeal mush.....				5	1		45		
".....				24	5		196		
Hominy.....				7	.....		65	
".....				21	1		208		
Total breakfast foods.....				234	83		1,210		
Bread.....	191	34.50	15.65	1,111	110		8,216		
Total bread.....	.....	34.50	15.65	1,111	110		8,216	
Rice, boiled.....	196	.75	.34	7	1		60		
Rice pudding.....	222	4.00	1.81	62	100		612		
Corn starch pudding.....	214	3.75	1.70	29	31		457		
Tapioca.....	236	4.50	2.04	61	51		904		
Ginger cake.....	247	1.25	.57	33	46		346		
".....	246	.50	.23	14	17		133		
Johnny cake.....	258	.69	.31	19	22		126		

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Dried apple sauce	272	1.25	.57	2	3	178
" "	273	1.25	.57	2	2	123
Total puddings, cakes, sauces and sugars	17.94	8.14	229	273	2,939
Potatoes	324	4.75	2.15	54	2	449
" mashed	326	1.25	.57	13	27	93
Beets	312	5.25	2.84	45	3	276
Turnips	331	.50	.23	3	5	18
Beans	294	1.00	.45	42	18	112
Sauerkraut	329	2.50	1.13	19	6	43
Dressing	338	7.25	3.29	240	487	628
Pickles	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes .....	.....	24.00	10.89	417	549	1,625
Total vegetable food...	97.69	44.31	1,991	1,015	13,997
Total food.....	127.94	58.03	3,766	3,043	14,900

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TABLE 26—Materials Served in Dietary No. 9, etc.—(Concluded)

KIND OF FOOD MATERIAL	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Vegetable food—(Concluded)</i>							Grams		
Potatoes, boiled.....	324	94.50	42.87	1,072	43	8,960			
“ mashed.....	326	36.25	16.44	362	773	2,696			
“ baked.....	324	29.00	13.15	329	13	2,748			
Beets.....	312	13.50	6.12	98	6	594			
Turnips.....	331	14.75	6.69	87	147	535			
Beans.....	294	32.00	9.98	938	409	2,475			
Sauerkraut.....	329	25.25	11.45	195	57	435			
Macaroni and cheese.....	346	16.00	7.26	516	530	842			
Dressing.....	338	14.75	6.69	488	990	1,278			
Pickles.....	328	4.25	1.98	10	6	52			
Total vegetables and vegetable substitutes.....	.....	270.25	122.58	4,095	2,974	20,615		
Total vegetable food.....	.....	715.87	324.70	13,663	6,367	107,199		
Total food.....	.....	1138.86	514.30	29,642	42,352	116,673		

Dietaries for Hospitals for the Insane

TABLE 27
Food Materials Rejected in Dietary Study No. 9, of Employees, Male, 15, Female, 25, Total 40; Infirmary Group, at St. Lawrence State Hospital, March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Animal food</i>							Grams		
Beef, roast.....	13	6.75	3.06	814	636	...	...	...
Mutton.....	24	2.00	.91	335	541	...	...	...
Pork, bacon	39	.50	.23	55	166	...	...	...
" sausage.....	42	2.25	1.02	202	546	...	...	17
Fish, salmon	61	.50	.23	62	45	.....	.....	.....
Soup, vegetable.....	86	5.50	2.49	25	2	157			
" pea.....	77	3.25	1.47	98	18	244			
" bean.....	68	4.25	1.93	110	37	293			
" English beef	75	2.50	1.13	17	2	93			
Hash, corned beef	115	.75	.34	44	27	53			
Gravy, roast beef.....	134	2.00	.91	13	8	53			
Total meats and meat substitutes.....	.....	30.25	13.72	1,775	2,028	910		
Total animal food.....	.....	30.25	13.72	1,775	2,028	910		

Dieteries for Hospitals for the Insane

TABLE 27.—Food Materials Rejected in Dietary Study No. 9—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food	NUTRIENTS			Carbo- hydrates
			Protein	Fat	Gr ams	
		Pounds	Kilograms	Grams	Grams	Gr ams
<i>Vegetable food</i>						
Oatmeal.....	157	6.75	3.06	101	48	395
".....	158	3.25	1.47	40	18	156
".....	159	3.75	1.70	36	15	145
Cornmeal mush.....	169	.75	.34	5	1	45
".....	171	3.00	1.36	24	5	196
Hominy.....	183	1.00	.45	7	.....	65
".....	184	2.75	1.25	21	1	208
Total breakfast foods.....	.....	21.25	9.63	334	83	1,310
Bread.....	191	34.50	15.65	1,111	110	8,216
Total bread.....	.....	34.50	15.65	1,111	110	8,216
Rice, boiled.....	196	.75	.34	7	1	60
Rice pudding.....	223	4.00	1.81	62	100	612
Corn starch pudding.....	214	3.75	1.70	29	31	457
Tapioca.....	236	4.50	2.04	61	51	904
Ginger cake.....	247	1.25	.57	33	46	346
".....	246	.50	.23	14	17	133
Johnny cake.....	258	.69	.31	19	22	126

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Dried apple sauce	272	1.25	.57	2	3	178
" "	273	1.25	.57	2	2	193
Total puddings, cakes, sauces and sugars	17.94	8.14	239	273	2,939
Potatoes	324	4.75	2.15	54	2	449
" mashed	326	1.25	.57	13	27	93
Beets	312	5.25	2.84	45	3	276
Turnips	331	.50	.23	8	5	18
Beans	294	1.00	.45	42	18	112
Sauerkraut	329	2.50	1.13	19	6	43
Dressing	338	7.25	3.29	240	487	628
Pickles	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes .....	.....	24.00	10.89	417	549	1,625
Total vegetable food... ..	.....	97.69	44.31	1,991	1,015	13,997
Total food.....	.....	127.94	58.03	3,766	3,043	14,900

TABLE 28
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 9 of
 Employes, Males, 15, Females, 25, Total, 40, March 3 to 9, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATE			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	47	6	41	52	7	45	21	3	18	768	102	661
Dairy products, etc.....	10	.....	10	76	.....	76	13	.....	13	801	.....	801
Total animal food.....	57	6	51	128	7	121	34	3	31	1,564	102	1,462
<i>Vegetable food</i>												
Breakfast foods.....	3	1	2	1	.....	1	17	4	13	91	20	71
Breads	24	4	20	2	1	1	175	29	146	885	145	690
Puddings, cakes, sauces, etc.....	8	1	7	9	1	8	117	11	106	596	59	537
Vegetable and vegetable substitutes....	14	1	13	11	2	9	74	6	68	468	47	416
Total vegetable food.....	49	7	42	23	4	19	383	50	333	1,985	271	1,714
Total food per person per day.....	106	13	93	151	11	140	417	53	364	3,549	373	3,176
Total food estimated per man per day	121	15	106	173	12	161	476	61	415	4,057	423	3,634

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TABLE 29										
Food Materials Served in Dietary Study No. 10, of 60 Male Patients, Workers, Infirmary Group, at St. Lawrence State Hospital, March 8-9, 1899										
KIND OF FOOD MATERIALS	Reference number	WEIGHT								
		Total food			NUTRIENTS			Carbo- hydrates		
		Pounds	Kilograms	Protein	Fat	Grams				
<i>Animal food</i>										
Beef, roast.....	12	6.50	2.95	841	106	.....	.....	.....	.....	.....
" soup.....	15	95.25	43.21	13,568	3,630	.....	.....	.....	.....	.....
Mutton.....	24	8.87	4.02	1,479	2,392	.....	.....	.....	.....	.....
Pork, fresh.....	28	10.50	4.76	1,347	1,666	.....	.....	.....	.....	.....
" bacon.....	39	7.37	3.34	802	2,405	.....	.....	.....	.....	.....
" sausage.....	42	20.25	9.19	1,820	4,917	.....	.....	.....	.....	.....
Fish, soule....	53	16.75	7.60	1,026	1,216	.....	.....	.....	.....	.....
" cod.....	51	4.00	1.81	527	13	.....	.....	.....	.....	.....
" salmon.....	61	10.25	4.65	1,246	902	.....	.....	.....	.....	.....
Soup, vegetable.....	86	29.25	13.27	133	13	.....	.....	.....	.....	.....
" pea.....	77	30.50	13.84	927	166	.....	.....	.....	.....	.....
" bean.....	68	31.00	14.06	801	267	.....	.....	.....	.....	.....
" English beef.....	75	29.50	13.38	201	27	.....	.....	.....	.....	.....
Hash, corned beef.....	114	31.50	9.75	1,297	1,004	.....	.....	.....	.....	.....
Total meats and meat substitutes.....	.....	321.49	145.83	26,015	18,724	.....	.....	.....	.....	.....
										8,065

TABLE 29

Food Materials Served in Dietary Study No. 10, of 60 Male Patients, Workers, Infirmary Group, at St. Lawrence State Hospital, March 8-9, 1899

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TABLE 29—Food Materials Served in Dietary Study No. 10, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
<i>Animal food—(Concluded)</i>							
Butter.....	136	26.63	12.08	121	10,268	Grams	
Cheese.....	137	16.75	7.60	1,968	2,561	.....
Milk.....	135	102.90	46.67	1,541	1,867	.....
Total dairy products, etc. ....	.....	146.28	66.35	3,630	14,696	.....
Total animal food. ....	.....	467.77	212.18	29,645	14,696	.....
<i>Vegetable food</i>							
Oatmeal.....	157	18.00	5.90	195	88	.....
".....	158	14.25	6.46	174	78	.....
".....	159	27.50	12.47	262	112	.....
Cornmeal mush.....	169	18.50	8.39	184	25	.....
".....	170	14.50	6.58	125	26	.....
".....	171	11.50	5.22	94	21	.....
Hominy.....	188	16.75	7.60	114	8	.....
".....	194	17.37	7.88	184	8	.....
Bread.....	.....	133.37	60.50	1,232	361	.....
Total bread.....	191	356.00	161.48	11,465	1,130	.....
Total bread.....	.....	356.00	161.48	11,465	1,130	.....

Dieteries for Hospitals for the Insane

TABLE 31
Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 10 of 60 Male Patients, Workers, March 3-9, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.	62	11	51	44	7	37	19	3	16	741	122	619
Dairy products, etc.	8	.....	8	35	.....	35	6	.....	6	383	.....	383
Total animal food.	70	11	59	79	7	72	25	3	22	1,124	122	1,002
<i>Vegetable food</i>												
Breakfast foods.	3	1	2	1	.....	1	19	4	15	100	21	79
Breads.	27	1	26	3	.....	3	202	11	191	966	49	917
Puddings, cakes, sauces, sugars, etc.	6	1	5	6	1	5	112	4	108	540	30	510
Vegetables and vegetable substitutes.	11	1	10	8	1	7	52	6	46	333	38	295
Total vegetable food.	47	4	43	18	2	16	385	25	360	1,939	138	1,801
Total food.	117	15	102	97	9	88	410	28	382	3,063	260	2,803

Dietaries for Hospitals for the Insane

TABLE 30
Food Materials Rejected in Dietary Study No. 10 of 60 male patients, Workers, Infirmary Group, St. Laurence State Hospital, March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS				
		Total food		Protein	Fat	Carbo- hydrates					
		Pounds	Kilograms				Grams	Grams	Grams		
<i>Animal food</i>											
Beef, roast.....	12	1.50	.68	194	24	.....	.....	.....	.....	.....
" soup.....	15	19.75	8.96	2,813	753	.....	.....	.....	.....	.....
Mutton.....	24	1.75	.79	291	470	.....	.....	.....	.....	.....
Pork, fresh.....	28	1.50	.68	192	238	.....	.....	.....	.....	.....
" bacon.....	39	2.25	1.02	24	734	.....	.....	.....	.....	.....
" sausage.....	42	.50	.23	46	123	.....	.....	.....	.....	4
Fish, soule.....	53	2.25	1.02	138	163	.....	.....	.....	.....	.....
" salmon.....	61	4.50	2.04	547	396	.....	.....	.....	.....	.....
Soup, vegetable.....	86	5.50	2.49	25	2	157	.....	.....	.....	.....
" pea.....	77	5.00	2.27	152	27	377	.....	.....	.....	.....
" bean.....	68	4.25	1.93	110	37	293	.....	.....	.....	.....
" English beef.....	75	3.00	1.36	20	3	112	.....	.....	.....	.....
Hash, corned beef.....	114	1.50	.68	90	70	107	
Total meats and meat substitutes.....							53.25	24.15	4,642	3,040	1,050

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	1.63	.74	38	47	35
Total dairy products.....					
Total animal food.....	54.88	24.89	4,680	3,087	1,085
<i>Vegetable food</i>					
Oatmeal.....	4.00	1.81	60	25	234
"	3.75	1.70	46	20	180
"	2.00	.91	19	8	77
Cornmeal mush.....	3.00	1.36	22	4	180
"	4.75	2.15	41	9	340
"	2.12	.97	17	4	140
Hominy.....	7.00	3.18	48	3	461
"	2.00	.91	15	1	151
Total breakfast foods.....	28.62	12.99	268	74	1,763
Bread	20.06	9.10	646	64	4,777
Total bread.....	20.06	9.10	646	64	4,777
Rice, boiled.....	3.75	1.70	34	7	301
"	1.25	.57	12	3	92
Pudding, cornstarch.....	.50	.23	4	4	62
"	4.25	1.93	50	48	546
Ginger cake .....	.15	.34	20	24	197
Johnny cake.....	1.75	.79	48	57	322
Dried apple sauce	1.00	.45	1	2	141
"	1.75	.79	2	3	171
Total puddings, cakes, sauces and sugars.....	15.00	6.80	171	148	1,832

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TABLE 30—Food Material Rejected in Dietary Study, No. 10, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Wheat				
		Total food		Nutrients		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>						
Potatoes	324	9.75	4.42	111	4	924
" mashed.....	325	1.00	.45	9	29	78
Beets	312	2.75	1.25	20	1	121
Turnips	330	6.00	2.72	33	182	207
Beans.....	324	5.00	2.27	213	93	563
Sauer kraut.....	329	1.00	.45	8	2	17
Macaroni and cheese.....	345	2.50	1.13	62	52	184
Dressing	337	4.25	1.93	64	91	268
Pickles.....	328	1.00	.45	2	1	12
Total vegetables and vegetable substitutes .....	.....	33.25	15.07	522	455	2,374
Total vegetable food.....	96.93	43.96	1,607	741	10,746
Total food.....	151.81	68.85	6,287	3,828	11,831

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CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.	62	11	51	44	7	37	19	3	16	741	122	619
Dairy products, etc.	8	.....	8	35	.....	35	6	.....	6	383	.....	883
Total animal food.....	70	11	59	79	7	72	25	3	22	1,124	122	1,002
<i>Vegetable food</i>												
Breakfast foods.....	3	1	2	1	.....	1	19	4	15	100	21	79
Breads.....	27	1	26	3	.....	8	202	11	191	966	49	917
Puddings, cakes, sauces, sugars, etc....	6	1	5	6	1	5	112	4	108	540	30	510
Vegetables and vegetable substitutes ...	11	1	10	8	1	7	52	6	46	333	38	295
Total vegetable food.....	47	4	43	18	2	16	385	25	360	1,939	188	1,801
Total food.....	117	15	102	97	9	88	410	28	382	3,063	260	2,803

TABLE 31

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 10 of 60 Male Patients, Workers, March 3-9, 1899

Dieteries for Hospitals for the Insane

TABLE 32
Food Materials Served in Dietary Study No. 11, of 86 Male Patients, Infirm, Infirmary Group at St. Lawrence State Hospital March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT						
		Total food			NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates	Grams	
							Protein	Carbo- hydrates
<i>Animal food</i>								
Beef, roast.....	14	5.75	2.61	679	728	.....	.....
" soup.....	15	19.00	8.62	2,707	724	.....	.....
Pork, fresh.....	28	6.75	3.06	866	1,071	.....	.....
" sausage.....	42	9.25	4.20	832	2,247	71	.....
Fish, soule.....	53	7.00	3.18	429	509	.....	.....
" salmon.....	61	17.00	7.71	2,066	1,495	.....	.....
Soup, vegetable.....	86	30.00	13.61	186	14	857	.....
" pea.....	77	81.25	14.18	950	170	2,854	.....
" bean.....	68	25.50	11.57	659	320	1,758	.....
" English beef.....	75	28.75	13.04	196	26	1,069	.....
Hash, corned beef.....	114	16.50	7.48	995	770	1,182	.....
Total meats and meat substitutes.....	.....	196.75	89.26	10,515	7,975	7,291	.....
Milk.....	185	118.10	53.57	1,768	2,148	2,679	.....
Cheese.....	187	22.50	10.21	2,644	3,441	245	.....
Butter.....	186	30.35	13.77	138	11,704	.....	.....
Total dairy products.....	170.95	77.55	4,550	17,288	2,924	
Total animal food.....	367.70	166.81	16,065	26,263	10,215	

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Vegetable food									
Oatmeal.....	157	17.75	8.05	266	113	1,038			
“	158	19.00	8.62	233	103	914			
“	159	47.75	21.66	455	195	1,841			
Corn meal mush.....	169	21.75	9.87	158	30	1,303			
“ “	170	23.50	10.66	203	43	1,684			
“ “	171	25.50	11.57	208	46	1,666			
Hominy.....	183	18.50	8.39	126	8	1,217			
“	184	19.75	8.96	152	9	1,487			
Total breakfast foods.....	.....	193.50	87.78	1,801	547	11,150		
Bread.....	191	463.00	210.02	14,911	1,470	110,261			
Total breads.. ..	.....	463.00	210.02	14,911	1,470	110,261		
Rice, boiled.	196	21.50	9.75	195	39	1,726			
“	197	20.25	9.19	193	55	1,480			
Pudding, cornstarch.....	214	20.75	9.41	160	169	2,531			
“ tapioca.....	235	19.75	8.96	233	224	2,536			
Ginger cake.....	247	29.50	13.38	776	1,070	8,121			
“	246	17.00	7.71	463	555	4,471			
Johnny cake.....	258	20.75	9.41	574	678	3,830			
Dried apple sauce.....	273	14.25	6.46	19	32	2,023			
“	273	17.50	7.94	24	32	1,715			
Sugar.....	291	18.40	8.35	.....	.....	8,350	
Syrup.....	292	30.62	13.89	9,723			
Total puddings, cakes, sugars and sauces.....	230.27	104.45	2,637	2,854	46,505			

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TABLE 32.—Food Materials served in Dietary Study No. 11, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food			Proteih	Fat	Carbo- hydrates			
		Pounds	Kilograms	Grams						
		Grams								
<i>Vegetable food—(Concluded)</i>										
Potatoes.....	324	106.25	48.20	1,205	48	Grams	Grams	Grams		
" mashed.....	325	32.75	14.86	312	951			10,072		
Beets	312	16.25	7.37	118	7			2,571		
Turnips	330	23.25	10.55	127	707			715		
Beans.....	294	37.50	17.01	1,599	697			802		
Sauer kraut.....	329	22.50	10.21	174	51			4,218		
Macaroni and cheese.	345	36.00	16.33	898	751			388		
Dressing.....	337	32.75	14.86	490	698			2,662		
Pickles.....	328	7.00	3.18	16	10			2,066		
								86		
Total vegetables and vegetable substitutes.....	.....	314.25	142.57	4,939	3,929			23,580	
Total vegetable food.	1,201.02	544.82	24,288	8,791			191,496		
Total food.....	1,568.72	711.63	39,353	34,054			201,711		

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TABLE 33

Food Materials Rejected in Dietary Study No. 11, of 86 Male Patients, Infirm, Infirmary Group, at St. Lawrence State Hospital, March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Animal food</i>									
Beef, soup	15	3.50	1.59	499	134	.....	.....	.....
Pork, fresh	28	1.00	.45	127	153	.....	.....	.....
" sausage	42	.25	.11	22	59	.....	.....	.....
Fish, salmon	61	3.75	1.70	456	330	.....	.....	.....
Soup, vegetable	86	7.00	3.18	32	3	.....	.....	.....
" pea	77	3.25	1.47	99	18	.....	.....	.....
" bean	68	2.75	1.25	71	24	.....	.....	.....
" English beef	75	1.50	.68	16	1	.....	.....	.....
Hash, corned beef	114	.75	.34	45	35	.....	.....	.....
Total meats and meat substitutes		23.75	10.77	1,361	762	
Total animal food		23.75	10.77	1,361	762	

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TABLE 35—Food Material Served in Dietary Study No. 12, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS		
		Total food	Protein	Fat	Carbo-hydrates	Protein	Fat	Carbo-hydrates
			grams	grams	grams			
<i>Vegetable food</i>								
Oatmeal.....			262	111	1,024			
".....			318	142	1,250			
".....			350	150	1,417			
Corn meal mush.....			149	29	1,228			
" ".....			224	47	1,863			
" ".....			188	42	1,502			
Hominy.....			126	8	1,217			
".....			137	8	1,336			
Total breakfast foods.....			1,754	536	10,837			
Bread.....	191	324.75	147.31	1,031	77,338			
Total bread.....		324.75	147.31	1,031	77,338			
Rice, boiled.....	196	18.00	8.16	33	1,444			
".....	197	24.00	10.89	65	1,753			
Pudding, cornstarch.....	214	31.75	14.40	259	3,873			
" tapioca.....	235	27.50	12.47	312	3,529			
Rice pudding, employees.....	222	11.00	4.99	170	1,637			
Ginger cake.....	247	15.50	7.03	275	4,267			
".....	246	20.75	9.41	565	5,458			

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Johnny cake,	258	28.50	12.93	789	931	5,262
Dried apple sauce	272	9.75	4.42	13	22	1,384
" "	273	20.50	9.30	28	37	2,009
Prunes	286	15.75	7.14	36	7	1,592
Sugar	291	21.20	9.62	.....	.....	9,620
Syrup	292	7.33	3.33	.....	.....	2,331
Total puddings, cakes, sauces and sugars. ....	.....	251.53	114.09	2,970	3,181	44,209
Potatoes	324	139.25	63.16	1,579	63	13,200
" mashed	325	29.00	13.15	276	842	2,275
Beets	312	29.75	13.50	216	14	1,310
Turnips	330	11.00	4.99	60	334	379
Beans	294	29.75	13.50	1,269	553	3,348
Sauerkraut	329	25.00	11.34	193	57	431
Macaroni and cheese.	345	27.00	12.25	674	564	1,997
Dressing	337	27.50	12.47	412	586	1,733
Total vegetables and vegetable substitutes .....	.....	318.25	144.36	4,679	3,013	24,673
Total vegetable food .....	.....	1,080.53	490.12	19,862	7,761	157,057
Total food .....	.....	1,571.71	712.93	37,005	32,071	172,298

Dietaries for Hospitals for the Insane

TABLE 34
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 11,
 of 86 Male Patients, Infirm, March 3 to 9, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	17	2	15	13	1	12	12	1	11	240	22	218
Dairy products, etc.....	8	.....	8	29	.....	29	5	.....	5	323	.....	323
Total animal food.....	25	2	23	42	1	41	17	1	16	563	22	541
<i>Vegetable food</i>												
Breakfast foods.....	3	1	2	1	.....	1	19	3	16	99	16	83
Breads.....	25	2	23	2	.....	2	183	15	168	871	69	802
Puddings, cakes, sauces, sugars, etc....	4	.....	4	5	1	4	77	4	73	379	26	353
Vegetable and vegetable substitutes....	8	1	7	7	1	6	39	5	34	258	34	224
Total vegetable food.....	40	4	36	15	2	13	318	27	291	1,607	145	1,462
Total food.....	65	6	59	57	3	54	335	28	307	2,170	167	2,003

Dieteries for Hospitals for the Insane

TABLE 35
Food Materials Served in Dietary Study No. 12 of 99 Female Patients, Infirm, Infirmary Group at St. Lawrence State Hospital, March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams	Grams	
<i>Animal food</i>									
Beef, roast.	14	10.25	4.65	1,209	1,297				
" soup	15	7.00	3.18	998	267				
Pork, sausage.	42	8.25	3.74	740	2,001	64			
" bacon.	39	1.00	.45	108	324				
Fish, fresh cod	51	24.00	10.89	3,169	76				
" salmon	61	16.75	7.60	2,037	1,474				
Soup, vegetable.	86	56.50	25.63	256	26			1,615	
" pea	77	42.00	19.05	1,276	229			3,162	
" bean.	68	45.50	20.64	1,176	392			3,137	
" English beef	75	46.00	20.87	313	42			1,711	
Hash, corned beef.	114	22.75	10.32	1,373	1,063			1,630	
Gravy, roast beef.	134	2.75	1.25	18	11			73	
Total meats and meat substitutes.	.....	282.75	128.27	12,673	7,202			11,392
Milk.	135	161.87	73.42	2,423	2,937			3,672	
Cheese.	137	16.25	7.27	1,909	2,484	177			
Butter.	136	30.31	13.75	138	11,687			.....
Total dairy products.	.....	208.43	94.54	4,470	17,108			3,849
Total animal food.	.....	491.18	222.81	17,143	24,310			15,241

Dieteries for Hospitals for the Insane

TABLE 35—Food Material Served in Dietary Study No. 12, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Vegetable food</i>									
Oatmeal.....	157	17.50	7.94	262	111	1,024			
".....	158	26.00	11.79	318	142	1,250			
".....	159	36.75	16.67	350	150	1,417			
Corn meal mush.....	169	20.50	9.30	149	28	1,228			
" ".....	170	26.00	11.79	224	47	1,863			
" ".....	171	23.00	10.43	188	42	1,502			
Hominy.....	183	18.50	8.39	126	8	1,217			
".....	184	17.75	8.05	137	8	1,336			
Total breakfast foods.....	.....	186.00	84.36	1,754	536	10,837		
Bread.....	191	324.75	147.31	10,459	1,031	77,338			
Total bread.....	.....	324.75	147.31	10,459	1,031	77,338		
Rice, boiled.....	196	18.00	8.16	163	33	1,444			
".....	197	24.00	10.89	229	65	1,753			
Pudding, cornstarch.....	214	31.75	14.40	245	259	3,273			
".....	235	27.50	12.47	324	312	3,529			
Rice pudding, employees.....	222	11.00	4.99	170	275	1,687			
Ginger cake.....	247	15.50	7.03	408	562	4,267			
".....	246	20.75	9.41	565	678	5,458			

Dieteries for Hospitals for the Insane

Johnny cake.....	258	28.50	12.93	789	931	5,262
Dried apple sauce.....	272	9.75	4.42	13	22	1,384
“.....	273	20.50	9.30	28	37	2,009
Prunes.....	286	15.75	7.14	36	7	1,592
Sugar.....	291	21.20	9.62	.....	.....	9,620
Syrup.....	292	7.33	3.33	.....	.....	2,331
Total puddings, cakes, sauces and sugars.....	.....	251.53	114.09	2,970	3,181	44,209
Potatoes.....	324	139.25	63.16	1,579	63	13,200
“ mashed.....	325	29.00	13.15	276	842	2,275
Beets.....	312	29.75	13.50	216	14	1,310
Turnips.....	330	11.00	4.99	60	334	379
Beans.....	294	29.75	13.50	1,269	553	3,348
Sauerkraut.....	329	25.00	11.34	193	57	431
Macaroni and cheese.....	345	27.00	12.25	674	564	1,997
Dressing.....	337	27.50	12.47	412	586	1,733
Total vegetables and vegetable substitutes.....	.....	318.25	144.86	4,679	3,013	24,673
Total vegetable food.....	.....	1,080.53	490.12	19,862	7,761	157,057
Total food.....	.....	1,571.71	712.93	37,005	32,071	172,298

Dieteries for Hospitals for the Insane

TABLE 36
Food Materials Rejected in Dietary Study No. 12 of 99 Female Patients, Infirm, Infirmary Group at St. Lawrence State Hospital March 3-9, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
<i>Animal food</i>						
Beef, roast.....	14	3.50	1.59	Grams 413	Grams 444	Grams
" soup.....	15	2.00	.91	246	76	.....
Pork, bacon.....	39	.25	.11	26	79	.....
Fish, fresh cod.....	51	3.50	1.59	463	11	.....
" salmon.....	61	5.75	2.61	700	506	.....
Soup, vegetable.....	86	8.00	3.63	36	4	229
" pea.....	77	3.25	1.47	98	18	244
" bean.....	68	2.75	1.25	71	24	190
" English beef.....	75	5.25	2.38	36	5	195
Hash, corned beef.....	114	2.83	1.28	170	132	202
Total meats and meat substitutes.....	.....	37.08	16.82	2,299	1,299	1,060
Cheese.....	137	1.13	.51	132	172	12
Milk.....	135	2.00	.91	30	36	46
Total dairy product.....	.....	3.13	1.42	162	208	58
Total animal food.....	.....	40.21	18.24	2,461	1,507	1,118

Dietaries for Hospitals for the Insane

.....	135	2.32	105.24	3,478	4,209	5,263
.....	137	3.75	1.70	440	573	41
.....	136	54.05	24.52	245	20,842	.....
.....	139	41.30	18.73	2,622	2,248	.....
Total dairy products.....	.....	331.10	150.19	6,780	27,872	5,304
Total animal food. ....	.....	575.60	261.09	20,448	42,556	11,612
<i>Vegetable food</i>						
Oatmeal.....	142	24.25	11.00	275	132	1,078
Corn meal mash.....	161	12.00	5.44	82	16	658
Total breakfast foods.....	.....	36.25	16.44	357	148	1,736
Bread.....	191	213.00	96.62	6,860	676	50,726
Biscuit.....	192	11.25	5.10	403	729	2,260
Total breads.....	.....	224.25	101.72	7,263	1,405	52,986
Pudding, bread.....	297	21.50	9.75	556	634	3,393
“ farina.....	219	8.25	3.74	153	185	871
“ rice.....	223	45.62	20.69	869	807	5,855
“ cornstarch.....	215	18.75	8.50	187	195	1,488
Johnny cake.....	229	23.50	10.66	704	1,045	5,095
Ginger cake.....	248	6.75	3.06	199	236	1,973
Coffee cake.....	244	27.50	12.47	818	1,384	6,708
Dried apple sauce.....	274	31.15	14.13	57	71	2,952
Sugar.....	291	57.00	25.86	.....	.....	25,860
Jelly.....	290	12.15	5.51	61	.....	4,254
Total puddings, cakes, sauces, sugars, etc.....	.....	252.17	114.37	3,634	4,507	58,449

Dieteries for Hospitals for the Insane

TABLE 36.—Food Materials Rejected in Dietary Study No. 12, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT						
	Reference number	Total food			NUTRIENTS		
		Pounds	Kilograms	Grams	Protein	Fat	Carbo- hydrates
<i>Vegetable food—(Concluded)</i>							
Potatoes.....	324	18.50	8.39	210	8	1,753	
“ mashed.....	325	1.00	.45	9	29	78	
Beets.....	312	3.75	1.70	27	2	165	
Beans.....	294	2.50	1.13	106	46	280	
Sauer kraut.....	329	1.00	.45	8	2	17	
Macaroni and cheese..	345	2.50	1.13	62	52	184	
Dressing.....	337	1.75	.79	26	37	110	
Total vegetables and vegetable substitutes.....	.....	31.00	14.04	448	176	2,587
Total vegetable food....	.....	140.00	63.47	2,615	657	19,704
Total food.....	.....	180.91	81.71	5,076	2,164	20,822

TABLE 1. Materials Rejected in Dietary Study No. 13 of Employees, 1900-24, 1900-01, 1901-02, in Group III, at St. Lawrence State Hospital, March 13-19, 1899

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KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food			NUTRIENTS	
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
<i>Animal food</i>						
Beef, roast	2	7.25	3.29	924	875	.....
Pork, salt	30	1.50	.68	54	555	.....
“ bacon	35	.75	.34	75	195	.....
“ shoulder	29	6.25	2.83	571	634	.....
Fish (codfish).....	47	1.25	.57	167	139	98
Beef stew	87	1.75	.79	107	117	30
Soup, tomato	79	8.25	3.74	26	83	168
“ barley	67	8.50	3.86	89	116	259
“ vegetable	83	3.75	1.70	10	2	87
Hash	118	3.50	1.59	215	108	191
Total meats and meat substitutes .....	.....	42.75	19.39	2,288	2,824	833
Milk,	135	8.50	3.86	128	154	193
Cheese	137	.15	.07	18	24	2
Eggs	139	2.05	.93	130	112	.....
Total dairy products.....	10.70	4.86	276	290	195
Total animal food	53.45	24.25	2,514	3,114	1,028

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TABLE 39.—Food Materials Rejected in Dietary Study No. 13, etc.—(Concluded)

KIND OF FOOD MATERIALS	R e f e r e n c e number	W E I G H T				
		Total food		N U T R I E N T S		
				Protein	Fat	Carbo- hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food</i>						
Oatmeal	142	.25	.11	3	1	11
Cornmeal mush	161	1.00	.45	7	1	55
Total breakfast foods .....	.....	1.25	.56	10	2	66
Bread	191	43.00	19.51	1,385	137	10,243
Total breads .....	.....	43.00	19.51	1,385	137	10,243
Pudding, bread	207	5.50	2.50	142	163	870
" rice	223	10.75	4.88	205	190	1,381
" cornstarch	215	3.00	1.36	30	31	238
Johnny cake	259	3.75	1.70	112	167	812
Ginger cake	248	1.50	.68	44	52	439
Coffee cake	244	1.50	.68	46	76	366
Dried apple sauce	274	6.50	2.95	12	15	616
Jelly	290	1.50	.68	7	.....	525
Total puddings, cakes, sauces, sugars, etc. ....	.....	34.00	15.43	598	694	5,247

Dieteries for H

Potatoes	324	10.75	4.88	122	5	1,020
Dressing	339	1.00	.45	14	23	91
Beans	293	5.50	2.50	187	73	565
Beets	312	.50	.23	4	.....	22
Pickles	328	2.25	1.02	5	3	28
Total vegetables and vegetable substitutes . . . . .	.. ..	20.00	9.08	332	104	1,726
Total vegetable food.	98.25	44.58	2,325	937	17,282
Total food.	151.70	68.83	4,839	4,051	18,310

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TABLE 38—Food Materials Served in Dietary Study No. 18, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food	NUTRIENTS				
			Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Concluded)</i>							
Potatoes	324	117.90	53.48	1,337	53	11,176	
Beans	293	67.25	30.50	2,288	894	6,892	
Beets	312	12.75	5.78	92	6	561	
Pickles	328	10.25	4.65	28	14	126	
Dressing	339	5.10	2.31	72	118	466	
Total vegetables and vegetable substitutes .....	.....	213.25	96.72	3,812	1,075	19,221	
Total vegetable food .....	.....	725.92	329.25	15,066	7,135	132,392	
Total food .....	.....	1,301.52	590.34	35,514	49,691	144,004	

Dieteries for Hospitals for the Insane

TABLE 41

Food Materials Served in Dietary Study No. 14 of 129 Male Patients, Chronic, Restless, Mostly Non-workers in Group III, at St. Lawrence State Hospital, March 13-19, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		NUTRIENTS					
		Total food			Protein	Fat	Carbo- hydrates
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food</i>							
Beef, roast.....	4	32.10	14.56	3,844	4,761	.....
“ corned, canned	19	8.50	3.86	1,015	722	.....
Soup, beef.....	15	46.25	20.98	6,588	1,762	.....
Pork, salt	30	74.00	33.57	2,660	27,390	.....
“ bacon	35	11.25	5.10	1,130	2,920	.....
“ shoulder	29	2.25	1.02	206	228	.....
Fish, cod, fresh	48	26.00	11.79	2,300	59	.....
Beef stew.....	87	43.00	19.50	2,632	2,886	741	
Soup, tomato	79	86.75	39.36	276	866	1,771	
“ vegetable.....	83	90.50	41.05	246	41	2,094	
“ barley	67	92.75	42.07	968	1,262	2,819	
Hash	119	159.75	72.46	9,854	5,217	8,622	
Total meats and meat substitutes.....		673.10	305.32	31,719	48,114	16,047	
Milk	135	212.00	96.16	3,173	3,846	4,808	
Cheese	137	26.25	11.91	3,085	4,013	286	

Dietaries for Hospitals for the Insane

TABLE 41—Food Materials Served in Dietary Study No. 14, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms					Grams	Grams
<i>Animal food—(Concluded)</i>								
Butter	136	47.00	21.32	213	18,122			
Eggs.....	139	45.70	20.73	2,902	2,488			
Total dairy products.....	.....	330.95	150.12	9,373	28,469		5,094
Total animal food .....	.....	1,004.05	455.44	41,092	76,583		21,141
<i>Vegetable food</i>								
Oatmeal.....	144	187.00	84.87	2,291	1,019		9,165	
Cornmeal mush	161	51.75	23.47	352	70		2,840	
Total breakfast food .....	.....	238.85	108.34	2,643	1,089		12,005
Bread.....	191	779.85	353.74	25,116	2,476		185,713	
Biscuit.....	192	54.50	24.72	1,953	3,535		10,951	
Total breads.....	.....	834.35	378.46	27,069	6,011		196,664
Pudding, bread.....	208	51.00	23.13	902	416		6,754	
" farina	219	46.25	20.98	860	755		4,888	
" rice	224	54.75	24.84	795	397		5,936	
" cornstarch	215	42.25	19.17	422	441		3,354	

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Johnny cake.....	260	78.50	35.61	2,314	3,490	16,950
Ginger cake.....	248	23.50	10.66	693	821	6,876
Coffee cake.....	244	26.50	12.02	817	1,334	6,466
Dried apple sauce.....	276	80.25	36.40	146	182	8,007
Jelly.....	290	70.25	31.87	351	.....	24,604
Syrup.....	292	39.25	17.80	.....	.....	12,460
Sugar.....	291	38.00	17.24	.....	.....	17,240
Total pudding, cakes, sauces, sugars, etc.....	.....	550.50	249.72	7,300	7,836	113,535
Potatoes.....	324	228.00	103.42	2,585	103	21,615
Rice, boiled.....	201	55.50	25.17	604	353	3,725
Dressing.....	339	85.25	38.67	1,199	1,972	7,811
Beans.....	293	148.25	67.24	5,043	1,950	15,196
Beets.....	312	57.25	25.97	415	26	2,519
Pickles.....	328	19.75	8.96	45	27	242
Total vegetables and vegetable substitutes.....	.....	594.00	269.43	9,891	4,431	51,108
Total vegetable food.....	.....	2,217.70	1,005.95	46,903	19,367	373,312
Total food.....	.....	3,221.75	1,461.39	87,995	95,950	394,453

Dietaries for Hospitals for the Insane

TABLE 39.—Food Materials Rejected in Dietary Study No. 13, etc.—(Concluded)

KIND OF FOOD MATERIALS	B. service number	WEIGHT					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
				Grams	Grams	Grams	Grams
<i>Vegetable food</i>							
Oatmeal	142	.35	.11	3	1	11	
Cornmeal mush	161	1.00	.45	7	1	55	
Total breakfast foods.....	.....	1.25	.56	10	2	66	
Bread.....	191	43.00	19.51	1,385	187	10,243	
Total breads .....	.....	43.00	19.51	1,385	187	10,243	
Pudding, bread	207	5.50	2.50	142	163	870	
“ rice	223	10.75	4.88	205	190	1,381	
“ cornstarch	215	3.00	1.36	30	31	288	
Johnny cake	259	3.75	1.70	112	167	812	
Ginger cake	248	1.50	.68	44	52	439	
Coffee cake	244	1.50	.68	46	76	366	
Dried apple sauce.....	274	6.50	2.95	12	15	616	
Jelly	290	1.50	.68	7	.....	525	
Total puddings, cakes, sauces, sugars, etc.....	.....	34.00	15.43	598	694	5,247	

Dieteries for Hospitals for the Insane

	144	18.50	8.39	227	101	906
meal.....	161	3.00	1.56	20	4	165
meal mush.....	.....	.....	.....	.....	.....	.....
Total breakfast foods.....	.....	21.50	9.75	247	105	1,071
Bread.....	191	31.00	14.06	998	98	7,382
Total breads.....	.....	31.00	14.06	998	98	7,382
Pudding, bread.....	208	1.00	.45	18	8	131
“ farina.....	219	3.75	1.70	70	61	396
“ rice.....	224	.75	.34	11	5	82
“ cornstarch.....	215	1.50	.68	15	16	119
Johnny cake.....	260	1.50	.68	44	67	324
Ginger cake.....	248	1.00	.45	29	35	290
Coffee cake.....	244	1.00	.45	31	50	242
Dried apple sauce.....	276	6.25	2.84	12	14	625
Jelly.....	290	5.25	2.38	26	.....	1,837
Total puddings, cakes, sauces, sugars, etc.....	.....	22.00	9.97	256	256	4,046
Potatoes.....	324	10.50	4.76	119	5	995
Rice, boiled.....	201	2.75	1.25	30	18	185
Dressing.....	339	6.00	2.72	84	139	549
Beans.....	293	6.50	2.95	221	86	667
Pickles.....	328	2.50	1.13	6	3	31
Beets.....	312	5.00	2.27	36	2	220
Total vegetables and vegetable substitutes.....	.....	33.25	15.08	496	253	2,647
Total vegetable food.....	.....	107.75	48.86	1,997	712	15,146
Total food.....	.....	169.90	77.04	4,953	7,402	16,057

Vegetable food

TABLE 40
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 18,
 of Employees, Male 22; Female, 39; Total, 61; March 18-19, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	32	5	27	34	6	28	15	2	13	509	85	424
Dairy products, etc.....	16	1	15	65	1	64	12	.....	12	719	13	706
Total animal food.....	48	6	42	99	7	92	27	2	25	1,228	98	1,130
<i>Vegetable food</i>												
Breakfast foods.....	1	.....	1	.....	.....	.....	4	.....	4	21	.....	21
Breads.....	17	8	14	3	.....	8	124	24	100	606	111	495
Puddings, cakes, sauces, etc.....	8	1	7	11	2	9	137	12	125	697	72	625
Vegetables and vegetable substitutes...	9	1	8	3	.....	8	45	4	41	249	20	229
Total vegetable food.....	35	5	30	17	2	15	310	40	270	1,573	203	1,370
Total food per person per day.....	83	11	72	116	9	107	337	42	295	2,801	301	2,500
Total food estimated per man per day.....	96	13	83	134	11	123	383	49	339	3,310	356	2,974

Dieteries for Hospitals for the Insane

TABLE 41
Food Materials Served in Dietary Study No. 14 of 129 Male Patients, Chronic, Restless, Mostly Non-workers in Group III, at St. Lawrence State Hospital, March 13-19, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo-hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food</i>							
Beef, roast.....	4	32.10	14.56	3,844	4,761	.....
" corned, canned	19	8.50	3.86	1,015	722	.....
Soup, beef.....	15	46.25	20.98	6,588	1,762	.....
Pork, salt	30	74.00	33.57	2,660	21,390	.....
" bacon	35	11.25	5.10	1,130	2,920	.....
" shoulder	29	2.25	1.02	206	228	.....
Fish, cod, fresh	48	26.00	11.79	2,300	59	.....
Beef stew... ..	87	43.00	19.50	2,632	2,886	741	
Soup, tomato	79	86.75	39.36	276	866	1,771	
" vegetable	83	90.50	41.05	246	41	2,094	
" barley	67	92.75	42.07	968	1,962	2,819	
Hash	119	159.75	72.46	9,854	5,217	8,622	
Total meats and meat substitutes.....	.....	673.10	305.32	31,719	48,114	16,047	
Milk.....	185	212.00	96.16	3,173	3,846	4,808	
Cheese	137	26.25	11.91	3,085	4,013	286	

Dieteries for Hospitals for the Insane

TABLE 41—Food Materials Served in Dietary Study No. 14, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
						Grams	Grams
<i>Animal food—(Concluded)</i>		Pounds	Kilograms	Grams	Grams		
Butter	186	47.00	21.32	213	18,122	.....	.....
Eggs.....	189	46.70	20.78	2,902	2,488	.....	.....
Total dairy products.....	.....	880.95	150.12	9,373	28,469	5,094	.....
Total animal food .....	.....	1,004.05	455.44	41,092	76,583	21,141	.....
<i>Vegetable food</i>							
Oatmeal.....	144	187.0	84.87	2,291	1,019	9,165	.....
Cornmeal mush	161	51.75	23.47	352	70	2,840	.....
Total breakfast food .....	.....	238.85	108.34	2,643	1,089	12,005	.....
Bread.	191	779.85	353.74	25,116	2,476	185,718	.....
Biscuit.....	192	54.50	24.72	1,953	3,536	10,951	.....
Total breads.....	.....	834.35	378.46	27,069	6,011	196,664	.....
Pudding, bread.....	208	51.00	23.18	902	416	6,754	.....
" farina	219	46.25	20.98	860	755	4,898
" rice	224	54.75	24.84	795	397	5,936
" cornstarch	215	42.25	19.17	422	441	3,864

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Syrup	292	38.75	17.58	12,306
Sugar	291	67.00	30.39	30,390
Total puddings, cakes, sauces, sugars, etc	920.13	417.38	11,829	12,512	181,756
Potatoes	324	315.40	143.06	3,576	143	29,900
Rice, boiled	201	122.50	55.57	1,333	778	8,224
Dressing	339	97.75	44.34	1,375	2,261	8,956
Beans	293	221.00	100.25	7,519	2,907	22,657
Beets	312	60.00	27.22	435	27	2,640
Pickles	328	37.00	16.78	84	50	453
Total vegetables and vegetable substitutes .....	.....	853.65	387.22	14,322	6,166	72,830
Total vegetable food .....	.....	3,083.78	1,398.81	60,679	27,289	493,007
Total food .....	.....	4,458.67	2,022.45	100,859	107,093	523,935

Dieteries for Hospitals for the Insane

TABLE 49									
Food Materials Rejected in Dietary Study No. 14, of 129 Male Patients, Chronic, Restless, Mostly Non-Workers in Group III at St. Lawrence State Hospital, March 18-19, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food			NUTRIENTS				
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates			
<i>Animal food</i>									
Beef, roast.....	4	4.75	2.15	567	703	Grams			
" soup.....	15	5.35	2.38	747	200	.....		
Pork, salt.....	30	12.75	5.78	457	4,716	.....		
" bacon.....	35	.75	.34	75	194	.....		
Fish, fresh cod.....	48	2.35	1.02	199	4	.....		
Beef stew.....	87	5.50	2.50	387	370	95			
Soup, tomato.....	79	5.75	2.61	18	58	117			
" vegetable.....	67	9.50	4.31	26	4	220			
" barley.....	83	9.00	4.08	94	122	273			
Hash.....	119	3.75	1.70	281	122	202			
Total meats and meat substitutes.....	.....	59.25	26.87	2,751	6,493	907		
Cheese.....	187	.40	.18	47	61	4			
Eggs.....	189	2.50	1.13	153	136	.....		
Total dairy products.....	.....	2.90	1.31	205	197	4		
Total animal food.....	.....	62.15	28.13	2,956	6,690	911		

TABLE 43

Food Materials Rejected in Dietary Study No. 14, of 129 Male Patients, Chronic, Restless, Mostly Non-Workers in Group III at St. Laurence State Hospital, March 18-19, 1899

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	143	28.00	12.70	356	152	1,397 370
meal.....	161	8.75	3.06	46	9	
meal mush.....						
Total breakfast foods.....						
Bread.....	191	56.75	25.74	1,828	180	13,513
Total breads.....						
Pudding, bread.....	208	9.25	4.20	164	76	1,226
" farina.....	219	4.00	1.81	74	65	422
" rice.....	224	5.75	2.61	84	42	624
" cornstarch.....	215	8.25	3.74	82	86	655
Johnny cake.....	259	3.00	1.36	88	133	650
Ginger cake.....	248	1.50	.68	44	52	439
Coffee cake.....	244	1.38	.64	44	71	344
Dried apple sauce.....	275	7.00	3.17	12	16	701
Jelly.....	290	9.75	4.42	49	.....	3,412
Total puddings, cakes, sauces, etc.....						
Potatoes.....	.....	49.88	22.63	641	541	8,473
Rice, boiled.....	324	28.00	12.70	318	13	2,654
Dressing.....	201	7.25	3.29	79	46	487
Beans.....	339	12.50	5.67	176	289	1,145
Beets.....	293	19.25	8.73	655	253	1,973
Pickles.....	312	6.75	3.06	49	3	297
.....	328	2.75	1.25	6	4	34
Total vegetables and vegetable substitutes.....						
Total vegetable food.....						
Total food.....						
	.....	76.50	34.70	1,283	608	6,590
	.....	217.88	98.83	4,154	1,490	30,343
	.....	326.76	148.23	7,489	5,381	32,973

TABLE 43

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 14, of
129 Male Patients, Chronic, Restless, Mostly Non-Workers, March 13-19, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes	35	3	32	53	7	46	18	1	17	710	81	629
Dairy products, etc	10	.....	10	32	.....	32	5	.....	5	359	.....	359
Total animal food	45	3	42	85	7	78	23	1	22	1,069	81	988
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	1	.....	1	13	1	12	75	4	71
Breads	30	1	29	7	.....	7	213	8	210	1,033	37	1,045
Puddings, cakes, sauces, sugars, etc.	8	.....	8	8	.....	8	126	5	121	624	21	603
Vegetables and vegetable substitutes	11	1	10	5	1	4	57	3	54	335	26	299
Total vegetable food	52	2	50	21	1	20	414	17	397	2,106	88	2,018
Total food	97	5	92	106	8	98	487	18	419	3,175	169	3,006

Dieteries for Hospitals for the Insane

Food Materials Served in Dietary Study No. 16, of 221 Female Patients, Chronic, Restless, Mostly Non-Workers in Group III at St. Lawrence State Hospital, March 13-19, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS			
		Total food		Protein	Fat	Carbo-hydrates	Grams		
		Pounds	Kilograms					Grams	
<i>Animal food</i>									
Beef, roast.....	3	32.50	14.74	3,670	4,938				
Pork, salt.....	80	34.25	15.54	1,228	12,680				
Fish, cod, fresh.....	48	38.50	17.46	3,405	87				
Beef, stew.....	87	75.00	34.02	4,593	5,035				1,293
Soup, tomato.....	79	140.00	63.50	445	1,397				2,858
" barley.....	67	164.50	74.62	1,716	2,339				5,000
" vegetable.....	83	171.50	77.80	467	78				3,968
Hash, corned beef.....	105	75.75	34.36	5,051	4,158				3,814
" beef.....	103	91.50	41.50	5,271	1,245				5,230
Total meats and meat substitutes.....	.....	823.50	373.54	25,846	31,857				22,168
Milk.....	135	368.00	166.92	5,508	6,577				8,346
Cheese.....	137	38.50	17.46	4,523	5,884				419
Butter.....	136	83.06	37.67	377	82,020				.....
Eggs.....	139	61.83	28.05	3,927	3,366				.....
Total dairy products.....	.....	551.39	250.10	14,384	47,947				8,765
Total animal food.....	.....	1,374.89	623.64	40,180	79,804				30,928

Dietaries for Hospitals for the Insane

TABLE 47.—Food Materials Served in Dietary Study No. 16, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT			NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates
		Pounds	Kilograms	Grams			
<i>Animal food—(Concluded)</i>							
Cheese	137	21.00	9.53	2,468	3,212	297	2,299
Eggs, boiled	139	83.69	37.96	5,314	4,555	269	2,525
" scrambled	140	72.74	33.00	4,092	3,003	261	2,373
Total dairy products .....	.....	785.06	356.12	19,463	83,874	8	1,334
Total animal food .....	.....	1,126.75	511.09	44,406	101,805		
<i>Vegetable food</i>							
Oatmeal	147	46.75	21.21	679	297	2,651	
"	148	30.88	14.01	560	238	2,214	
"	149	45.63	20.70	642	269	2,525	
"	150	28.75	13.04	600	261	2,373	
Hominy	176	17.50	7.94	143	8	1,334	
Total breakfast food .....	.....	169.51	76.90	2,624	1,073	11,097	
Bread	191	699.13	317.13	22,518	2,220	166,500	
Total bread .....	.....	699.13	317.13	22,518	2,220	166,500	

Dieteries for Hospitals for the Insane

4, bread	211	55.50	25.18	1,133	1,385	7,906
rice	227	32.87	14.91	388	134	3,549
"	228	35.25	15.99	336	144	3,054
"	217	31.75	14.40	317	389	2,534
cornstarch	221	28.75	13.04	378	248	2,569
farina	263	31.50	14.29	986	343	7,802
Johnny cake	250	27.87	12.64	822	1,150	6,812
Ginger cake	251	25.00	11.34	726	862	6,430
"	245	27.00	12.25	857	1,298	6,235
Coffee cake	279	60.75	27.58	83	110	4,744
Dried apple sauce	273	38.50	17.46	52	70	3,771
"	287	34.50	15.65	110	.....	4,742
Prunes	292	13.50	6.12	.....	.....	4,284
Syrup	291	161.00	73.03	.....	.....	73,030
Sugar	.....	603.74	273.88	6,188	6,133	137,462
Total puddings, cakes, sauces, sugars, etc.	324	300.62	136.36	3,409	136	28,498
Potatoes, boiled	327	29.00	13.15	302	79	2,209
" mashed	293	56.25	25.52	1,914	740	5,767
Beans, baked	312	49.88	22.63	362	23	2,195
Beets	341	24.62	11.17	469	290	2,212
Dressing	328	19.00	8.62	43	26	233
Pickles	.....	479.37	217.45	6,499	1,294	41,114
Total vegetables and vegetable substitutes	.....	1,951.75	885.36	37,829	10,720	356,173
Total vegetable food	.....	3,078.50	1,396.45	82,235	112,525	371,875
Total food	.....				

Dieteries for Hospitals for the Insane

TABLE 45
Food Materials Rejected in Dietary Study No. 15, of 224 Female Patients, Chronic, Restless, Mostly Non-Workers, in Group III at St. Lawrence State Hospital March 13-19, 899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms	Grams					
<i>Animal food</i>									
Beef, roast.....	3	4.00	1.81	451	Grams	606	Grams		
Pork, salt.....	30	3.50	1.59	126		1,297			
Fish, cod, fresh.....	48	7.75	3.52	581		14			
Beef, stew.....	87	13.75	6.24	842		923		237	
Soup, tomato.....	79	10.50	4.76	33		105		214	
" barley.....	67	20.75	9.41	216		282		631	
" vegetable.....	83	33.50	15.20	91		15		775	
Hash, corn beef.....	105	7.75	3.52	517		426		391	
" beef.....	103	6.50	2.95	375		88		372	
Total meats and meat substitutes.....	.....	108.00	49.00	3,232		3,756		2,620
Cheese.....	137	.88	.40	103		135		10	
Total dairy products.....	.....	.88	.40	103		135		10
Total animal food.....	.....	108.88	49.40	3,335		3,891		2,630

Dietaries for Hospitals for the Insane

			210	9	370
Total breakfast foods.	34.75	15.76	402	161	1,767
Bread.....	56.75	25.74	1,828	180	13,513
Total breads.	56.75	25.74	1,828	180	13,513
Pudding, bread.....	9.25	4.20	164	76	1,226
" farina.....	4.00	1.81	74	65	492
" rice.....	5.75	2.61	84	42	624
" cornstarch.....	8.25	3.74	82	86	655
Johnny cake.....	3.00	1.36	88	183	650
Ginger cake.....	1.50	.68	44	52	439
Coffee cake.....	1.38	.64	44	71	344
Dried apple sauce.....	7.00	3.17	12	16	701
Jelly.....	9.75	4.42	49	.....	3,412
Total puddings, cakes, sauces, sugars, etc.	49.88	22.63	641	541	8,473
Potatoes.....	28.00	12.70	318	18	2,654
Rice, boiled.....	7.25	3.29	79	46	487
Dressing.....	12.50	5.67	176	289	1,145
Beans.....	19.25	8.73	655	253	1,973
Beets.....	6.75	3.06	49	3	297
Pickles.....	2.75	1.25	6	4	34
Total vegetables and vegetable substitutes.	76.50	34.70	1,283	608	6,590
Total vegetable food.	917.88	98.83	4,154	1,490	30,343
Total food.	326.76	148.23	7,489	5,381	32,973

Dietaries for Hospitals for the Insane

TABLE 46
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 15,
 of 224 Female Patients, Chronic, Restless, Mostly Non-Workers, March 13-19, 1899.*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 16	Grams 2	Grams 14	Grams 20	Grams 2	Grams 18	Grams 14	Grams 2	Grams 12	Calories 309	Calories 35	Calories 274
Dairy products, etc.....	9	.....	9	31	.....	31	6	.....	6	350	.....	350
Total animal food	25	2	23	51	2	49	20	2	18	659	35	624
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	1	.....	1	12	1	11	71	4	67
Breads	19	1	18	4	.....	4	140	9	131	689	41	648
Puddings, cakes, sauces, sugars, etc....	7	.....	7	8	.....	8	116	5	111	578	20	558
Vegetables and vegetable substitutes....	9	1	8	4	.....	4	46	4	42	263	21	242
Total vegetable food	38	2	36	17	.....	17	314	19	295	1,601	86	1,515
Total food	63	4	59	68	2	66	384	21	313	2,260	121	2,139

Dieteraries for Hospitals for the Insane

TABLE 47									
Food Materials Served in Dietary Study No. 16 of Employees, Male 60, Female 78, Total 138, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS			
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	
		Pounds	Kilograms						
<i>Animal food</i>									
Beef, roast.....	10	65.76	29.83	9,366	1,611	.....	.....	.....
" corned, canned.....	19	4.50	2.04	536	381	.....	.....	.....
Pork, roast.....	26	19.25	8.73	1,484	6,103	.....	.....	.....
" salt.....	30	2.50	1.13	89	922	.....	.....	.....
" bacon.....	37	5.50	2.49	535	1,693	.....	.....	.....
Fish, cod, fresh.....	49	8.10	3.67	844	22	.....	.....	.....
" salmon, salt.....	60	32.35	14.67	4,988	3,623	.....	.....	.....
" "canned.....	62	23.37	10.60	2,311	1,233	.....	.....	.....
Soup, English beef.....	73	49.88	22.63	136	158	.....	.....	1,018
" tomato.....	80	69.88	31.70	190	232	.....	.....	1,141
Hash, corned beef.....	107	31.13	14.12	2,584	1,243	.....	.....	1,468
" ".....	108	23.75	10.77	1,841	668	.....	.....	1,045
Gravy.....	125	5.72	2.59	39	3	.....	.....	262
Total meats and meat substitutes.....	.....	341.69	154.97	24,943	17,931	.....	.....	4,984
Milk.....	135	430.50	195.28	6,444	7,811	.....	.....	9,764
Evaporated cream.....	188	8.75	3.97	331	369	.....	.....	445
Butter.....	186	168.38	76.38	764	64,924	.....	.....	.....

TABLE 47

Food Materials Served in Dietary Study No. 16 of Employees, Male 60, Female 78, Total 138, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

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	139	17.32	7.86	1,100	943
	140	15.75	7.14	885	650	71
Total dairy products.....	81.57	36.99	3,143	13,843	381
Total animal food.....	.....	200.28	90.84	10,165	21,045	2,645
<i>Vegetable food</i>						
Oatmeal.....	147	14.25	6.46	207	90	808
".....	148	15.00	6.80	272	116	1,074
".....	149	12.75	5.78	179	75	705
".....	150	16.25	7.37	339	147	1,341
Hominy.....	176	10.25	4.65	84	5	781
Total breakfast foods.....	.....	68.50	31.06	1,081	433	4,709
Bread.....	191	159.35	72.28	5,132	506	37,947
Total breads.....	.....	159.35	72.28	5,132	506	37,947
Pudding, bread.....	211	9.75	4.42	199	243	1,388
" rice.....	227	7.25	3.29	86	30	783
" ".....	228	8.25	3.74	79	34	714
" cornstarch.....	217	9.25	4.20	92	113	739
" farina.....	221	7.50	3.40	99	65	670
phny cake.....	263	6.50	2.95	204	71	1,611
inger cake.....	250	7.25	3.29	214	299	1,773
" ".....	251	8.25	3.74	239	284	2,121
ffee cake.....	245	6.62	3.00	210	318	1,527

TABLE 48
Food Materials Rejected in Dietary Study No. 16, of Employees, Male 60, Female 78, Total 138, in Central Group at St. Lawrence State Hospital, March 27, to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
<i>Animal food</i>						
Beef, roast	10	11.49	5.21	Grams 1,636	Grams 281	Grams
" corned, canned.....	19	1.75	.79	208	148	.....
Pork, salt	30	.25	.11	9	90	.....
" bacon.....	37	1.00	.45	97	306	.....
Fish, cod, fresh	49	4.00	1.81	416	11	.....
" salmon, salt	60	2.62	1.19	405	294	.....
" " canned	62	2.00	.91	198	110	.....
Soup, English beef	73	19.25	8.73	52	61	393
Hash, corned beef	107	4.50	2.04	373	180	212
" "	108	3.25	1.47	251	91	143
Total meats and meat substitutes .....	.....	50.11	22.71	3,645	1,572	748
Milk.....	135	6.12	2.78	92	111	139
Cheese.....	137	.25	.11	29	37	3
Eggs, scrambled	140	2.00	.91	113	83	9
Total dairy products	8.37	3.80	234	281	161
Total animal food	58.48	26.51	3,879	1,803	890

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Vegetable food						
Oatmeal	147	3.00	1.36	44	19	170
“	148	3.00	1.36	54	23	215
“	149	1.87	.85	26	11	104
“	150	1.75	.79	36	16	144
Total breakfast food.....	.....	9.62	4.36	160	69	633
Bread.....	191	107.24	48.64	3,453	340	25,537
Total breads.....	.....	107.24	48.64	3,453	340	25,537
Pudding, bread	211	10.75	4.88	220	268	1,532
“ rice.....	227	6.50	2.95	77	27	702
“	228	6.00	2.72	57	25	519
“ cornstarch.....	217	1.50	.68	15	18	120
“ farina.....	221	5.00	2.27	66	43	447
Johnny cake.....	263	3.50	1.59	110	38	868
Ginger cake	250	4.25	1.93	125	176	1,040
“	251	2.50	1.13	72	86	641
Coffee cake.....	245	1.25	.57	40	60	390
Dried apple sauce	279	9.50	4.31	13	17	741
“	273	3.00	1.36	4	5	294
Prune sauce.....	287	6.00	2.72	19	.....	824
Total puddings, cakes, sauces sugars, etc.....	.....	59.75	27.11	818	763	8,018
Potatoes, boiled.....	324	14.00	6.35	159	6	1,327
“ mashed	327	2.50	1.13	26	6	190
Beans, baked	293	2.62	1.19	89	35	269
Beets	312	2.50	1.13	18	1	110

Dieteries for Hospitals for the Insane

TABLE 48—Food Materials Rejected in Dietary Study No. 16. etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number.	WEIGHT						NUTRIENTS		
		Total food		Protein.	Fat.	Carbo- hydrates.				
		Pounds	Kilograms				Grams	Grams		
<i>Vegetable food—(Concluded)</i>										
Dressing	341	.25	.11	5	3	33	3	33	33	
Pickles.....	338	2.25	1.02	5	3	23	3	23	23	
Total vegetables and vegetable substitutes.....	.....	24.12	10.93	302	54	1,946		1,946	
Total vegetable food.....	200.73	91.04	4,733	1,326	36,134		36,134		
Total food.....	259.21	117.55	8,612	3,029	37,088		37,088		

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	279	.50	.23	1	2	1	2	40	134
Dried apple sauce	279								
" "	273	1.37	.62						
Total puddings, cakes, sauces and sugars.....	8.50	3.85	101		92		956	
Potatoes, boiled	324	7.37	3.34	83		3		698	
Beans, baked	293	1.75	.79	59		23		179	
Beets	312	2.75	1.25	20		1		121	
Dressing	341	1.25	.57	24		15		113	
Pickles	328	1.00	.45	2		1		12	
Total vegetables and vegetable substitutes .....	.....	14.12	6.40	188		43		1,123	
Total vegetable food.....	.....	33.95	15.39	551		183		3,810	
Total food.....	.....	49.46	22.41	1,588		856		4,047	

TABLE 50

Food Materials Served in Dietary Study No. 17, of 32 to 38 Male Patients, Recent Admissions, in Central Group, at St. Lawrence State Hospital, March 28 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT							NUTRIENTS		
		Total food			Protein	Fat	Carbo hydrates	Grams	Grams	Grams	
		Pounds	Kilograms	Grams							
<i>Animal food</i>											
Beef, roast	10	5.75	2.61	319	141	141	Grams	.....	.....	.....
Pork, roast	26	7.25	3.29	559	2,300	2,300	.....	.....	.....	.....
" bacon	37	3.25	1.47	316	1,000	1,000	.....	.....	.....	.....
Fish, cod, fresh	49	5.25	2.38	547	14	14	.....	.....	.....	.....
" salmon, salt	60	11.75	5.33	1,812	1,816	1,816	.....	.....	.....	.....
" " canned	62	7.71	3.50	763	424	424	.....	.....	.....	.....
Soup, English beef	73	22.00	9.98	60	70	70	.....	.....	.....	.....
" tomato	80	24.75	11.23	67	79	79	.....	.....	.....	.....
Hash, corned beef	107	11.75	5.33	975	469	469	.....	.....	.....	.....
" "	108	13.75	6.24	1,067	387	387	.....	.....	.....	.....
Gravy	125	5.50	2.49	37	2	2	.....	.....	.....	.....
Total meats and meat substitutes	.....	118.71	53.85	7,022	6,202	6,202	.....	.....	.....	.....
Milk	185	10.15	4.60	152	184	184	.....	.....	.....	.....
Butter	186	30.98	14.05	141	11,940	11,940	.....	.....	.....	.....
Cheese	187	7.37	3.34	865	1,126	1,126	.....	.....	.....	.....

Dietaries for Hospitals for the Insane

TABLE 59

Food Materials Served in Dietary Study No. 18, of 18 Male Patients, Acute and Sick, Chronic, in Central Group at St. Lawrence State Hospital, March 28 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food			NUTRIENTS	
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
				Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.....	10	4.00	1.81	568	98	.....
Pork, roast.....	26	1.87	.85	145	594	.....
" bacon.....	37	1.25	.57	123	388	.....
Fish, cod, fresh.....	49	1.50	.68	156	4	.....
" salmon, salt.....	60	5.50	2.49	847	615	.....
" " canned.....	62	2.89	1.31	286	159	.....
Soup, English beef.....	73	7.75	3.52	21	25	158
" tomato.....	80	16.50	7.48	45	52	269
Hash, corned beef.....	107	5.00	2.27	415	200	236
" ".....	108	5.25	2.38	407	148	231
Gravy.....	125	6.75	3.06	46	3	309
Total meats and meat substitutes.....	.....	58.26	26.42	3,059	2,286	1,203
Milk.....	135	5.63	2.55	84	102	128
Butter.....	136	12.87	5.84	58	4,964	.....
Cheese.....	137	4.62	2.10	544	708	50

Dieteries for Hospitals for the Insane

TABLE 50.—Food Materials Served in Dietary Study No. 17, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						
		Total food			NUTRIENTS			
					Protein	Fat	Carbo-hydrates.	
		Pounds	Kilograms	Grams	Grams	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>								
Prune sauce	287	11.50	5.22	37			1,582	
Syrup	292	6.92	3.14				2,198	
Sugar	291	49.90	22.64				22,640	
Total puddings, cakes, sauces, sugars, etc	.....	159.44	72.33	1,487	1,495		39,550
Potatoes, boiled	324	80.62	36.57	914	37		7,643	
Beans, baked	293	10.25	4.65	349	135		1,051	
Beets	312	20.00	9.07	145	9		880	
Dressing	341	8.25	3.74	157	97		740	
Pickles	328	8.75	3.97	20	12		107	
Total vegetables and vegetable substitutes	.....	127.87	58.00	1,585	290		10,421
Total vegetable food	.....	515.16	233.67	9,285	2,724		92,627
Total food	.....	715.44	324.51	19,450	23,769		95,272

Dietaries for Hospitals for the Insane

TABLE 51

Food Materials Rejected in Dietary Study No. 17, of 32-38 Male Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, March 28 to April 30, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo-hydrates.	Grams	Grams
		Pounds	Kilograms	Grams					
<i>Animal food</i>									
Beef, roast	10	1.00	.45	141	24				
Pork, bacon	37	.50	.23	49	156				
Fish, cod, fresh	49	1.00	.45	104	3				
" salmon, salt	60	3.13	1.42	483	851				
Soup, English beef	73	2.63	1.19	7	8				54
" tomato	80	4.00	1.81	11	13				65
Hash, corned beef	107	1.37	.62	113	55				65
"	108	1.13	.51	87	32				50
Total meats and meat substitutes .....	.....	14.76	6.68	395	642				234
Eggs, scrambled	140	.75	.34	42	31				3
Total dairy products .....	.....	.75	.34	42	31				3
Total animal food .....	.....	15.51	7.02	1,037	673				237

TABLE 51

Food Materials Rejected in Dietary Study No. 17, of 32-38 Male Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, March 28 to April 30, 1899

Dieteries for Hospitals for the Insane

TABLE 51.—Food Materials Rejected in Dietary Study No. 17, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates	
<i>Vegetable food</i>							
Oatmeal	147	.63	.29	9	4	36	
"	148	1.00	.45	18	8	71	
"	149	1.25	.57	18	7	70	
"	150	1.12	.51	23	10	93	
Hominy	176	1.75	.79	14	1	133	
Total breakfast food	....	5.75	2.61	82	30	403	
Bread	191	5.58	2.53	180	18	1,328	
Total breads.	.....	5.58	2.53	180	18	1,328	
Pudding, bread	211	.25	.11	5	6	35	
" rice	227	1.00	.45	12	4	107	
" "	228	1.50	.68	14	6	130	
" cornstarch	217	1.25	.57	13	15	100	
" farina	221	1.50	.68	20	13	134	
Ginger cake	250	.25	.11	7	10	59	
" "	251	.50	.23	15	17	130	
Coffee cake	245	.38	.17	12	18	87	

Pudding, bread.....	911	.95	.11						
" farina.....	921	.70	.04						
" rice.....	934	1.19	.61						
" ".....	938	1.18	.61						
Dried apple sauce.....	973	.95	.11						
Total puddings, cakes, sauces, sugars, etc.....		3.60	1.63						
Potatoes, boiled.....	891	1.19	.61						
Beets.....	819	.95	.11						
Total vegetables and vegetable substitutes.....		1.67	.69						
Total vegetable food.....		13.00	6.84						
Total food.....		10.80	7.05						

Dietaries for Hospitals for the Insane

TABLE 52
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 17, 82-83
 Male Patients, Recent Admissions, March 27, to April 2, 1899*

CHARACTER OF FOOD	Protein			Fat			Carbohydrates			Energy		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	31	5	26	27	3	24	10	1	9	419	52	367
Dairy products, etc.....	14	.....	14	65	.....	65	2	.....	2	670	.....	670
Total animal food.....	45	5	40	92	3	89	12	1	11	1,089	52	1,087
<i>Vegetable food</i>												
Breakfast foods.....	5	.....	5	2	.....	2	20	2	18	121	8	118
Breads.....	28	1	22	2	.....	2	167	6	161	798	29	769
Puddings, cakes, sauces, sugars, etc....	6	.....	6	7	1	6	174	4	170	808	26	777
Vegetables and vegetable substitutes....	7	1	6	1	.....	1	46	5	41	227	25	202
Total vegetable food.....	41	2	39	12	1	11	407	17	390	1,949	88	1,861
Total food.....	86	7	79	104	4	100	419	18	401	3,038	140	2,948

Dieteries for Hospitals for the Insane

TABLE 53

Food Materials Served in Dietary Study No. 18, of 18 Male Patients, Acute and Sick, Chronic, in Central Group at St. Lawrence State Hospital, March 28 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.....	10	4.00	1.81	568	98	.....
Pork, roast.....	26	1.87	.85	145	594	.....
" bacon.....	37	1.25	.57	123	388	.....
Fish, cod, fresh.....	49	1.50	.68	156	4	.....
" salmon, salt.....	60	5.50	2.49	847	615	.....
" " canned.....	62	2.89	1.31	286	159	.....
Soup, English beef.....	73	7.75	3.52	21	25	158
" tomato.....	80	16.50	7.48	45	52	269
Hash, corned beef.....	107	5.00	2.27	415	200	236
" ".....	108	5.25	2.38	407	148	231
Gravy.....	125	6.75	3.06	46	3	309
Total meats and meat substitutes.....	.....	58.26	26.42	3,059	2,286	1,203
<i>Milk.</i>						
Milk.....	135	5.63	2.55	84	102	128
Butter.....	136	12.87	5.84	58	4,964	.....
Cheese.....	137	4.62	2.10	544	708	50

Dieteries for Hospitals for the Insane

TABLE 53—Food Materials Served in Dietary Study No. 18, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein.	Fat	Carbo-hydrates				
		Pounds	Kilograms							Grams	Grams
<i>Animal food—(Concluded)</i>										
Eggs, boiled.....	139	7.44	3.37	472	404	.....		472	404	.....
" scrambled.....	140	8.50	3.86	479	351	39		479	351	39
Total dairy products .....	.....	39.06	17.73	1,687	6,529	217		1,687	6,529	217
Total animal food .....	.....	97.82	44.14	4,696	8,815	1,420		4,696	8,815	1,420
<i>Vegetable food</i>										
Oatmeal.....	147	7.88	3.55	107	47	419		107	47	419
"	148	6.00	2.73	109	46	480		109	46	480
"	149	6.25	2.84	88	37	346		88	37	346
"	150	8.37	3.80	176	76	692		176	76	692
Hominy.....	176	3.50	1.59	29	2	267		29	2	267
Total breakfast foods .....	.....	31.50	14.30	508	208	2,154		508	208	2,154
Bread.....	191	88.20	40.01	2,843	280	21,025		2,843	280	21,025
Total breads.....	.....	88.20	40.01	2,843	280	21,025		2,843	280	21,025

Dieteries for Hospitals for the Insane

	211	5.50	2.49	112	187	782
Pudding, bread	211	5.50	2.49	112	187	782
" rice	227	4.75	2.15	56	19	512
"	228	3.00	1.86	29	12	260
" cornstarch	217	5.50	2.49	55	67	438
" farina	221	2.50	1.13	33	21	223
Johnny cake	263	3.00	1.36	94	33	743
Ginger cake	250	3.25	1.47	96	134	792
"	251	4.50	2.04	130	155	1,157
Coffee cake	245	4.38	1.99	139	211	1,013
Dried apple sauce	279	7.00	3.18	10	13	547
"	273	1.75	.79	2	3	171
Prune sauce	287	3.50	1.59	11	.....	482
Syrup	292	3.83	1.74	.....	.....	1,218
Sugar	291	27.72	12.57	.....	.....	12,570
Total puddings, cakes, sauces, sugars, etc. ....	.....	80.18	36.35	767	805	20,907
Potatoes, boiled	324	32.87	14.91	373	15	3,116
Beans, baked	293	5.00	2.27	170	66	513
Beets	312	3.95	1.47	24	1	143
Dressing	341	3.75	1.70	71	44	337
Pickles	328	2.37	1.08	5	3	29
Total vegetables and vegetable substitutes .....	.....	47.24	21.43	643	129	4,138
Total vegetable food .....	.....	247.12	112.09	4,761	1,422	48,224
Total food .....	.....	344.44	156.23	9,457	10,237	49,644

Dietaries for Hospitals for the Insane

TABLE 54									
Food Materials Rejected in Dietary Study No. 18, of 18 Male Patients, Acute and Sick Chronic, in Central Group at St. Lawrence State Hospital, March 28 to April 2, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food			NUTRIENTS			Carbo- hydra- tes	
		Pounds	Kilograms	Protein	Fat	Grams			
<i>Animal food</i>									
Beef, roast.....	10	.50	.23	72	12	.....	.....	.....
Pork, bacon	37	.13	.06	13	41	.....	.....	.....
Salmon, salt	60	.37	.17	58	42	.....	.....	.....
Soup, English, beef.....	73	1.50	.68	4	5	.....	.....	.....
Hash, corned beef.....	108	.37	.17	29	11	.....	.....	.....
Total animal food.....	.....	2.87	1.31	176	111	.....	.....	48
<i>Vegetable food</i>									
Oatmeal	148	2.12	.96	88	16	.....	.....	148
Total breakfast food .....	.....	2.12	.96	88	16	.....	.....	148
Bread	191	7.00	3.18	226	22	.....	.....	1,670
Total bread.....	.....	7.00	3.18	226	22	.....	.....	1,670

TABLE 54

Food Materials Rejected in Dietary Study No. 18, of 18 Male Patients, Acute and Sick Chronic, in Central Group at St. Lawrence State Hospital, March 28 to April 2, 1899

Dieteries for Hospitals for the Insane

	1910	1911	1912	1913	1914	1915
Total puddings, cakes, sauces, sugars, etc.....	.....	3.50	1.58	39	23	344
2 Potatoes, boiled.....	324	1.12	.51	13	1	107
27 Beets.....	312	.25	.11	2	.....	11
Total vegetables and vegetable substitutes .....	.....	1.37	.62	15	1	118
Total vegetable food.....	.....	13.99	6.84	318	61	2,280
Total food.....	.....	16.86	7.65	494	172	2,328

Dietaries for Hospitals for the Insane

TABLE 55
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 18 of
 18 Male Patients Acute and Sick Chronic, March 27 to April 2, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 24	Grams 1	Grams 23	Grams 18	Grams 1	Grams 17	Grams 9	Grams	Grams 9	Calories 303	Calories 13	Calories 290
Dairy products, etc.....	13	.....	13	52	.....	52	2	.....	2	545	.....	545
Total animal food.....	37	1	36	70	1	69	11	.....	11	848	13	885
<i>Vegetable food</i>												
Breakfast foods	4	1	3	2	.....	2	17	1	16	104	8	96
Breads	23	2	21	2	.....	2	167	13	154	798	62	736
Puddings, cakes, sauces, sugars, etc....	6	.....	6	6	.....	6	166	8	168	761	12	749
Vegetables and vegetable substitutes....	5	.....	5	1	.....	1	33	1	32	165	4	161
Total vegetable food	38	3	35	11	.....	11	383	18	365	1,828	86	1,742
Total food	75	4	71	81	1	80	394	18	376	2,676	99	2,577

Dietaries for Hospitals for the Insane

TABLE 56
Food Materials Served in Dietary Study No. 19, of 104 Male Patients, Chronic, Active Workers, in Central Group at St Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food</i>							
Beef, roast.....	10	102.60	46.54	14,613	2,513	.....
Pork ".....	26	26.62	12.08	2,054	8,444	.....
" salt.....	30	21.00	9.53	753	7,777	.....
" bacon.....	37	9.25	4.20	903	2,856	.....
Fish, salmon, salt.....	60	55.00	24.95	8,482	6,162	.....
" "canned.....	62	19.28	8.75	1,908	1,059	.....
Soup, English beef.....	73	106.75	48.42	291	339	2,179	
" tomato.....	80	104.75	47.51	285	333	1,710	
Hash, corned beef.....	107	56.50	25.63	4,690	2,256	2,666	
" ".....	108	55.25	25.06	4,285	1,554	2,431	
Gravy.....	125	13.50	6.12	92	6	618	
Total meats, and meat substitutes.....	.....	570.50	258.79	38,356	33,299	9,604
Milk.....	135	39.25	17.80	587	712	890	
Butter.....	136	50.49	22.90	229	19,463	.....
Cheese.....	137	21.75	9.87	2,556	3,326	237	

Dieteries for Hospitals for the Insane

TABLE 56—Food Materials Served in Dietary Study No. 19—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein	Fat	Carbo-hydrates		Grams	Grams	Grams
		Pounds	Kilograms							
<i>Animal food—(Concluded)</i>										
Eggs, boiled.....	139	52.61	23.86	8,340	2,863	.....	140			
" scrambled.....	140	30.75	13.95	1,730	1,270	.....	140			
Total dairy products.....	.....	194.85	88.38	8,442	27,634	.....	1,267			
Total animal food.....	.....	765.35	347.17	46,798	60,933	.....	10,871			
<i>Vegetable food</i>										
Oatmeal.....	147	54.00	24.49	784	343	.....	3,061			
".....	147	46.00	20.87	668	292	.....	2,609			
".....	149	51.75	23.47	798	305	.....	2,863			
Hominy.....	176	36.25	16.44	296	16	.....	2,762			
".....	177	38.50	17.46	279	17	.....	2,724			
Total breakfast foods.....	.....	226.50	102.73	2,765	973	.....	14,019			
Bread.....	191	673.75	305.61	21,698	2,139	.....	160,445			
Total bread.....	.....	673.75	305.61	21,698	2,139	.....	160,445			
Pudding, bread.....	211	34.00	15.42	694	848	.....	4,842			
" rice.....	228	45.13	20.47	480	184	.....	3,909			
".....	227	.....	.....	.....	.....	.....	8,556			

Dietaries for Hospitals for the Insane

	139	77.60	35.20	4,928	4,223	162
st, boiled	140	85.75	10.00	9,011	1,476	.....
serv m/led						162
Total dairy products.....	.....	260.00	117.94	11,027	37,240	1,617
Total animal food.....	.....	828.18	375.67	41,868	59,977	13,240
<i>Vegetable food</i>						
Oatmeal.....	147	58.13	26.37	844	369	3,296
"	148	57.00	25.86	1,034	440	4,086
"	149	60.00	27.22	843	354	3,321
"	150	4.00	1.81	83	36	329
Hominy	176	51.25	23.25	418	23	3,906
"	177	48.00	21.77	348	22	3,396
Total breakfast food.....	.....	278.38	126.28	3,570	1,244	18,334
Bread.....	191	980.50	444.76	31,578	3,113	233,499
Total bread .....	.....	980.50	444.76	31,578	3,113	233,499
Pudding, bread	211	49.38	22.40	1,008	1,232	7,033
" rice	228	56.63	25.69	540	231	4,906
" rice	227	108.25	49.10	1,277	442	11,685
" cornstarch	217	51.50	23.36	514	631	4,111
" farina	221	46.00	20.87	605	396	4,111
Johnny cake	263	29.25	13.27	916	318	7,245
Ginger cake	250	38.50	17.46	1,135	1,589	9,411
"	251	42.50	19.28	1,234	1,465	10,930
Coffee cake	245	30.00	13.61	952	1,442	6,927
Dried apple sauce	279	44.75	20.30	61	81	3,491

Dieteries for Hospitals for the Insane

TABLE 57

Food Materials Rejected in Dietary Study No. 19, of 104 Male Patients, Chronic, Active Workers, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
		Pounds.	Kilograms	Protein	Fat	Carbo-hydrates
<i>Animal food</i>				Grams	Grams	Grams
Beef, roast	10	7.87	3.57	1,121	193	.....
Pork, roast	26	3.25	1.47	250	1,028	.....
" salt	30	4.25	1.93	152	1,575	.....
" bacon	37	.50	.23	50	156	.....
Fish, salmon, salt	60	11.74	5.33	1,812	1,316	.....
" " canned	62	1.25	.57	124	69	.....
Soup, English beef	73	8.00	3.63	22	25	163
" tomato	80	7.00	3.18	19	22	115
Hash, corned beef	107	4.25	1.93	353	170	.201
" "	108	3.62	1.64	280	102	159
Total meats and meat substitutes.....	.....	51.73	23.48	4,183	4,656	638
Cheese	137	.75	.34	88	115	8
Total dairy products .....	.....	.75	.34	88	115	8
Total animal food .....	.....	52.48	23.82	4,271	4,771	646

TABLE 57

Food Materials Rejected in Dietary Study No. 19, of 104 Male Patients, Chronic, Active Workers, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

Dieteries for Hospitals for the Insane

Vegetable food						
Oatmeal.....	147	4.00	1.81	58	25	226
“.....	148	4.87	2.21	88	38	349
“.....	149	5.50	2.49	77	32	304
Hominy.....	176	2.00	.91	16	1	158
“.....	177	5.50	2.49	40	2	389
Total breakfast foods.....	.....	21.87	9.91	279	98	1,421
Bread.....	191	26.38	11.51	817	81	6,043
Total breads.....	.....	26.33	11.51	817	81	6,043
Pudding, bread.....	211	2.75	1.25	56	69	393
“ cornstarch.....	217	.25	.11	2	3	19
“ farina.....	221	2.25	1.02	30	19	201
“ rice.....	227	7.13	3.23	84	29	769
“.....	228	4.00	1.81	38	16	346
Ginger cake.....	250	.75	.34	22	81	183
“.....	251	1.25	.57	36	48	323
Dried apple sauce.....	279	1.25	.57	2	2	98
“.....	273	1.50	.68	2	3	147
Total puddings, cakes, sauces, etc.....	.....	21.13	9.58	272	215	2,479
Potatoes, boiled.....	324	5.00	2.27	57	2	474
“ mashed.....	227	17.75	8.05	185	48	1,352
Beans, baked.....	293	4.25	1.93	145	56	486
Beets.....	312	3.50	1.59	25	2	154
Turnips.....	331	1.85	.84	11	19	67

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TABLE 60.—Food Materials Rejected in Dietary Study No. 20, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT			
		Total food	NUTRIENTS		
			Protein	Fat	Carbo-hydrates
			Grams	Grams	Grams
<i>Vegetable food</i>					
Oatmeal.....			71	31	276
".....			43	18	171
".....			70	30	277
Hominy.....			43	2	400
".....			31	2	301
Total breakfast foods.....			258	83	1,425
Bread.....			24	101	7,570
Total breads.....		31.79	1,024	101	7,570
Pudding, bread.....	211	1.25	26	31	179
" rice.....	227	5.88	69	24	635
".....	228	3.50	33	14	304
Johnny cake.....	263	.50	16	6	126
Ginger cake.....	250	.75	22	31	183
".....	251	1.50	44	52	386

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Coffee cake	245	.50	.23	16	24	117
Dried apple sauce	279	.88	.40	1	2	69
"	273	1.25	.57	2	2	123
Total puddings, cakes, sauces, sugars, etc. ....	.....	16.01	7.28	229	186	2,122
Potatoes, boiled	324	26.63	12.08	302	12	2,525
Beets	312	3.75	1.70	27	2	165
Pickles	328	1.75	.79	4	2	21
Dressing	341	3.50	1.59	67	41	315
Total vegetables and vegetable substitutes .....	.....	35.63	16.16	400	57	3,026
Total vegetable food.....	.....	105.19	47.73	1,911	427	14,143
Total food.....	.....	143.07	64.93	4,796	2,468	14,556

TABLE 59
*Food Materials Served in Dietary Study No. 20, of 166 Male Patients, acute and chronic, in Central Group,
 at St. Lawrence State Hospital, March 27 to April 2, 1899.*

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo- hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms	Grams	Grams	Grams	Grams
<i>Animal food</i>							
Beef, roast.....	10	34.38	15.59	4,895	842	.....	.....
Pork, ".....	26	22.38	10.38	1,765	7,956	.....	.....
" bacon.....	37	10.50	4.76	1,023	3,237	.....	.....
Fish, cod, fresh.....	49	27.00	12.25	2,818	74	.....	.....
" salmon, salt.....	60	38.75	17.58	5,977	4,342	.....	.....
" " canned.....	62	28.92	13.12	2,860	1,688	.....	.....
Soup, English beef.....	78	131.25	55.00	380	385	2,475	.....
" tomato.....	80	181.50	59.65	358	417	2,147	.....
Hash, corned beef.....	107	73.00	33.11	6,060	2,914	3,444	.....
" ".....	108	59.50	26.99	4,615	1,673	2,618	.....
Gravy.....	125	20.50	9.30	140	9	939	.....
Total meats and meat substitutes.....	.....	568.18	257.73	30,841	22,737	11,628	.....
Milk.....	135	51.90	23.54	777	942	1,177
Butter.....	136	69.25	31.41	314	26,700
Cheese.....	137	25.50	11.57	2,997	3,899	278

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Eggs, boiled	139	77.60	35.20	4,938	4,223
" scrambled	140	85.75	16.22	2,011	1,476	162
Total dairy products.....	260.00	117.94	11,027	37,240	1,617
Total animal food.....	.....	823.18	375.67	41,868	59,977	13,240
<i>Vegetable food</i>						
Oatmeal.....	147	58.13	26.37	844	369	3,296
"	148	57.00	25.86	1,034	440	4,086
"	149	60.00	27.22	843	354	3,321
"	150	4.00	1.81	83	36	329
Hominy	176	51.25	23.25	418	23	3,906
"	177	48.00	21.77	348	22	3,396
Total breakfast food.....	.....	278.38	126.28	3,570	1,244	18,334
Bread.....	191	980.50	444.76	31,578	3,113	233,499
Total bread .....	.....	980.50	444.76	31,578	3,113	233,499
Pudding, bread	211	49.38	22.40	1,008	1,232	7,033
" rice	228	56.63	25.69	540	231	4,906
"	227	108.25	49.10	1,277	442	11,685
" cornstarch	217	51.50	23.36	514	631	4,111
" farina	221	46.00	20.87	605	396	4,111
Johnny cake	263	29.25	13.27	916	318	7,245
Ginger cake	250	38.50	17.46	1,135	1,589	9,411
"	251	42.50	19.28	1,234	1,465	10,930
Coffee cake	245	30.00	13.61	952	1,442	6,927
Dried apple sauce	279	44.75	20.30	61	81	3,491

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TABLE 59.—Food Materials Served in Dietary Study No. 20, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Concluded)</i>							
Dried apple sauce	273	49.50	22.45	67	90	4,849	
Prune sauce	287	81.75	14.40	101	.....	4,363	
Syrup	292	74.12	33.62	.....	.....	28,624	
Sugar	291	46.50	21.09	.....	.....	21,090	
Total puddings, cakes, sauces, sugars, etc.....	.....	698.68	316.90	8,410	7,917	123,686	
Potatoes, boiled	324	311.25	141.18	8,580	141	29,505	
Beans, baked	298	58.00	26.31	1,978	768	5,946	
Beets	312	59.37	26.93	431	27	2,612	
Dressing	341	32.25	14.63	614	880	2,897	
Pickles	328	12.50	5.67	28	17	163	
Total vegetables and vegetable substitutes.....	.....	478.37	214.72	6,576	1,828	41,113	
Total vegetable food.....	2480.88	1102.66	50,134	13,602	416,682	
Total food	3259.06	1478.88	99,002	78,519	429,872	

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TABLE 60
Food Materials Rejected in Dietary Study No. 20, of 166 Male Patients, Acute and Chronic, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo-hydrates
				Protein	Fat	Grams	
<i>Animal food</i>							
Beef, roast.....	10	Pounds 1.75	Kilograms .79	Grams 248	Grams 43	Grams	Grams
Pork ".....	25	1.50	.68	116	475	.....	.....
" bacon.....	37	.50	.23	49	156	.....	.....
Fish, cod, fresh.....	49	4.63	2.10	483	13	.....	.....
" salmon, salt.....	60	10.13	4.60	1,564	1,136	.....	.....
" canned.....	62	.50	.23	50	28	.....	.....
Soup, tomato.....	80	14.50	6.58	39	46	237	53
Hash, corned beef.....	107	1.12	.51	98	45	78	121
" ".....	108	2.75	1.25	214			
Total meats and meat substitutes.....	.....	37.38	16.97	2,856	2,020	411	
Eggs, scrambled.....	140	.50	.23	29	21	2	
Total dairy products.....50	.23	29	21	2	
Total animal food.....	37.88	17.20	2,885	2,041	413	

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TABLE 60.—Food Materials Rejected in Dietary Study No. 20, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food</i>							
Oatmeal.....	147	4.88	2.21	71	31	276	
".....	148	2.38	1.08	43	18	171	
".....	149	5.00	2.27	70	30	277	
Hominy.....	176	5.25	2.38	43	2	400	
".....	177	4.25	1.93	31	2	301	
Total breakfast foods.....	.....	21.76	9.87	258	83	1,425
Bread.....	191	31.79	14.42	1,024	101	7,570	
Total breads.....	.....	31.79	14.42	1,024	101	7,570
Pudding, bread.....	211	1.25	.57	26	31	179	
" rice.....	227	5.88	2.67	69	24	635	
".....	228	3.50	1.59	33	14	304	
Johnny cake.....	263	.50	.23	16	6	126	
Ginger cake.....	250	.75	.34	22	31	183	
".....	251	1.50	.68	44	52	386	

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TABLE 61

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 20, of 166 Male Patients, Acute and Chronic, March 27 to April 2, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
Meats and meat substitutes.....	26	2	24	20	2	18	10	.....	10	333	27	306
Dairy products, etc.....	10	.....	10	32	.....	32	1	.....	1	343	.....	343
Total animal food.....	36	2	34	52	2	50	11	.....	11	676	27	649
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	1	.....	1	16	1	15	87	4	83
Breads	27	1	26	2	.....	2	201	7	191	954	33	921
Puddings, cakes, sauces, sugars, etc.....	7	.....	7	7	.....	7	107	2	105	532	8	524
Vegetables and vegetable substitutes..	6	1	5	1	.....	1	35	3	32	178	17	161
Total vegetable food.....	43	2	41	11	11	359	13	346	1,751	62	1,689
Total food.....	79	4	75	63	2	61	370	13	357	2,427	89	2,338

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TABLE 62
Food Materials Served in Dietary Study No. 21, of 49 Female Patients, Recent Admissions, in Central Group,
at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
<i>Animal food</i>						
Beef, roast..	10	7.50	3.40	Grams 1,068	Grams 184	Grams
Pork, roast..	26	7.25	3.29	559	2,300	.....
" bacon.....	37	2.50	1.13	243	768	.....
Fish, cod, fresh.....	49	4.25	1.93	444	12	.....
" shad, fresh....	52	8.50	3.86	1,181	594	.....
" salmon, salt.....	60	5.35	2.43	826	600	.....
" salmon, canned.....	62	7.71	3.50	763	424	.....
Soup, English, beef.....	73	23.13	10.49	63	73	472
" tomato.....	80	21.63	9.81	59	69	353
Hash, corned beef.....	107	18.75	6.24	1,142	549	649
"	108	12.25	5.56	951	845	539
Gravy	125	4.75	2.15	32	2	217
Total meats and meat substitutes.....	.....	118.57	53.79	7,331	5,920	2,230
Milk	135	15.30	6.94	229	278	347
Butter	136	28.25	12.82	128	10,898
Cheese	137	4.25	1.93	500	650	46

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TABLE 62—Food Materials Served in Dietary Study No. 21, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo-hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food—(Concluded)</i>	189	15.98	7.25	1,015	870	.....	48
Eggs, boiled.....	140	10.50	4.76	590	488	.....	48
" scrambled.....	.....	74.28	38.70	2,462	18,129	.....	441
Total dairy products.....	.....	192.86	87.49	9,793	19,049	.....	2,671
Total animal food.....	.....	.....	.....	.....	.....	.....	.....
<i>Vegetable food</i>	147	11.25	5.10	163	71	.....	688
Oatmeal.....	148	11.75	5.33	213	91	.....	843
".....	149	14.87	6.75	209	88	.....	828
".....	150	13.50	6.13	281	123	.....	1,114
Hominy.....	176	8.75	3.97	71	4	.....	667
Total breakfast foods.....	.....	60.13	27.27	987	376	.....	4,084
Bread.....	191	115.88	52.56	3,732	368	.....	27,592
Total breads.....	.....	116.86	52.56	3,732	368	.....	27,592
Pudding, bread.....	211	8.50	3.86	174	212	1,213
".....	228	9.00	4.08	85	37	779
".....	237	9.50	4.31	112	39	1,026

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" cornstarch.....	217	11.88	5.16	114	139	908
" farina	221	8.75	3.97	115	75	782
Johnny cake.....	263	6.00	2.72	188	65	1,485
Ginger cake.....	250	7.13	3.23	210	294	1,741
"	251	6.50	2.95	189	224	1,673
Coffee cake	245	6.00	2.72	191	288	1,384
Dried apple sauce.....	279	10.75	4.88	15	19	889
"	273	8.50	3.86	12	15	884
Prune sauce	237	10.25	4.65	32	.....	1,409
Syrup.....	292	1.00	.45	.....	.....	315
Sugar	291	39.50	17.92	.....	.....	17,920
Total puddings, cakes, sauces, etc .....	.....	142.76	64.76	1,437	1,407	32,307
Potatoes, boiled.....	324	59.25	26.88	672	27	5,618
Beans, baked.....	293	14.00	6.35	476	184	1,485
Beets	312	15.76	7.15	114	7	694
Dressing	341	5.88	2.67	112	69	529
Pickles.....	328	4.37	1.98	10	6	53
Total vegetables and vegetable substitutes.....	.....	99.26	45.03	1,384	293	8,329
Total vegetable food.....	418.02	189.62	7,490	2,444	72,312
Total food.....	610.87	277.11	17,383	21,493	74,983

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TABLE 63—Food Materials Rejected in Dietary Study No. 21, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>	328	.50		1	1	6
Pickles.....	341	1.00		19	12	89
Dressing						
Total vegetables and vegetable substitutes.....	.....	14.41	6.54	176	30	1,197
Total vegetable food.....	56.39	25.56	1,187	253	8,732
Total food.....	73.88	33.49	2,127	888	9,045

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Dried apple sauce	279	1.00	.45	1	3	78
" "	278	.75	.34	1	1	74
Total puddings, cakes, sauces, etc.	10.25	4.64	167	171	1,447
Potatoes, boiled	324	8.87	4.02	100	4	840
Beans, baked	293	2.50	1.13	85	33	255
Beets	312	1.50	.68	11	1	65
Pickles	328	.50	.23	1	1	6
Dressing	341	1.75	.79	33	21	156
Total vegetables and vegetable substitutes .....	.....	15.12	6.85	230	60	1,322
Total vegetable food .....	.....	57.65	26.13	1,334	361	9,304
Total food .....	.....	77.40	35.09	2,126	962	9,646

Dieteries for Hospitals for U

etc.—(Concluded)

TABLE 66

Food Materials Served in Dietary Study No. 22, of 18 Female Patients, Anna and Group at St. Lawrence State Hospital, March 27 to April 25, 1911

Dieteries for Hospitals for 1917									
KIND OF FOOD MATERIALS	Reference number	Total food		Pro.	NUTRIENTS		Carbo- hydrates	Grams	Pro.
		Pounds	Kilograms		Fat	Protein			
<i>Animal food</i>									
Beef, roast.....	10	2.63	1.19	374					
Pork ".....	26	4.00	1.81	308					
" bacon.....	37	2.00	.91	196					
Fish, cod, fresh.....	49	2.75	1.25	288					
" salmon, salt.....	60	3.75	1.70	578					
" " canned.....	62	2.89	1.31	286					
Soup, English beef.....	73	16.25	7.37	44					
" tomato.....	80	12.75	5.78	35					
Hash, corned beef.....	107	5.75	2.61	478					
" ".....	108	7.25	3.29	563					
Gravy.....	125	8.50	3.86	58					
Total meats and meat substitutes.....	.....	68.52	31.08	3,208		3,065		1,520	
Milk.....	185	8.68	3.91	139		167		196	
Butter.....	186	10.36	4.69	70		5,924		.....	68
Cheese.....	187			736		957			

TABLE 68

Food Materials Served in Dietary Study No. 23, of 86 Female Patients, Chronic, Active and Disturbed, in Central Group, at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat				Carbo- hydrates
		Pounds	Kilograms	Grams					
		Grams	Fat	Grams					
<i>Animal food</i>									
Beef, roast.....	10	22.00	9.98	3,134	539	.....	.....	.....
Mutton	23	10.00	4.54	1,339	1,262	.....	.....	.....
Pork, roast.....	26	9.25	4.20	714	2,936	.....	.....	.....
" bacon	37	7.25	3.29	707	2,237	.....	.....	.....
Fish, cod, fresh	49	13.00	5.90	1,357	35	.....	.....	.....
" salmon, salt	60	19.75	8.96	3,046	2,213	.....	.....	.....
" " canned	62	14.46	6.56	1,430	794	.....	.....	.....
Soup, English beef	73	46.63	21.15	127	148	.....	952	.....
" tomato	80	52.00	23.59	142	165	.....	849	.....
Hash, corned beef	107	25.25	11.45	2,095	1,008	.....	1,191	.....
" "	108	22.00	9.98	1,707	619	.....	968	.....
Gravy	125	2.75	1.25	19	1	.....	126	.....
Total meats and meat substitutes.....	.....	244.34	110.85	15,817	11,957	.....	4,086	.....
Milk	135	26.88	12.19	402	488	.....	610	.....
Butter	136	32.46	14.72	147	12,512	.....	.....	.....
Cheese	137	17.25	7.82	2,025	2,635	.....	188	.....

TABLE 65
Food Materials Served in Dietary Study No. 22, of 18 Female Patients, Acute and Sick Chronic, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo- hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms	Grams	Grams		
<i>Animal food</i>							
Beef, roast.....	10	2.63	1.19	374	64	.....	.....
Pork ".....	26	4.00	1.81	308	1,265	.....	.....
" bacon.....	37	2.00	.91	196	619	.....	.....
Fish, cod, fresh.....	49	2.75	1.25	288	8	.....	.....
" salmon, salt.....	60	3.75	1.70	578	420	.....	.....
" "canned.....	62	2.89	1.31	286	159	.....	.....
Soup, English beef.....	73	16.25	7.37	44	52	338	208
" tomato.....	80	12.75	5.78	85	40	271	319
Hash, corned beef.....	107	5.75	2.61	478	280	.....	.....
" ".....	108	7.25	3.29	563	204	.....	.....
Gravy.....	125	8.50	3.86	58	4	390	1,520
Total meats and meat substitutes.....	.....	68.52	31.08	3,208	3,065	196	.....
Milk.....	135	8.63	3.91	129	157
Butter.....	136	15.36	6.97	70	5,924
Cheese.....	137	6.25	2.84	786	957	68

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Eggs, boiled.....	139	10.91	4.63	648	556
" scrambled	140	5.13	2.33	289	312	28
Total dairy products.....	45.58	20.68	1,872	7,806	287
Total animal food.....	.....	114.10	51.76	5,080	10,871	1,807
<i>Vegetable food</i>						
Oatmeal.....	147	7.75	3.52	118	49	440
"	148	8.75	3.97	159	67	627
"	149	9.00	4.08	128	53	498
"	150	9.75	4.42	203	88	804
Hominy.....	176	2.25	1.02	18	1	171
Total breakfast foods .....	.....	37.50	17.01	619	258	2,540
Bread.....	191	78.37	35.55	2,524	249	18,663
Total bread.....	.....	78.37	35.55	2,524	249	18,663
Pudding, bread	211	6.00	2.72	123	150	854
"	227	5.00	2.27	59	20	540
"	228	9.50	4.31	91	39	823
" cornstarch	217	6.25	2.84	62	77	500
" farina	221	6.75	3.06	89	58	603
Johnny cake.....	263	3.38	1.53	106	37	835
Ginger "	250	4.13	1.87	122	170	1,008
"	251	2.25	1.02	65	78	578
Coffee "	245	2.87	1.30	91	138	662
Dried applesauce.....	279	6.25	2.84	9	11	489
"	273	5.62	2.55	8	10	561

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TABLE 65.—Food Materials Served in Dietary Study No. 22, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food				NUTRIENTS	
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates	
<i>Vegetable food—(Concluded)</i>							
Prune sauce	287	4.00	1.81	Grams 13	Grams	Grams 548	
Sugar	291	19.50	8.85	.....	.....	8,850	
Total puddings, cakes, sauces, sugars, etc. ....	.....	81.50	36.97	837	788	16,841	
Potatoes, boiled	324	43.62	19.79	495	20	4,136	
Beans, baked	293	8.75	3.97	298	115	897	
Beets	312	8.38	3.80	61	4	369	
Dressing	341	3.00	1.36	57	35	269	
Pickles	328	3.63	1.65	8	5	45	
Total vegetables and vegetable substitutes .....	.....	67.38	30.57	919	179	5,716	
Total vegetable food	264.75	120.10	4,899	1,474	43,760	
Total food	378.85	171.86	9,979	12,345	45,567	

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	176	2.75	1.25	23	1	210
Hominy.....	176	1.38	.63	10	1	98
".....	177					
Total breakfast foods.....	10.63	4.83	131	45	695
Bread.....	191	38.37	17.41	1,236	122	9,140
Total breads.....	.....	38.37	17.41	1,236	122	9,140
Pudding, bread.....	211	2.75	1.25	56	69	393
" cornstarch.....	217	1.75	.79	18	21	139
" farina.....	221	2.38	1.08	31	21	213
" rice.....	227	1.87	.85	22	8	202
" ".....	228	2.50	1.13	24	10	216
Ginger cake.....	250	.67	.30	20	27	162
" ".....	251	1.37	.62	40	47	352
Dried apple sauce.....	279	.50	.23	1	1	40
" ".....	273	1.25	.57	2	2	123
Total puddings, sauces, etc.....	.....	15.04	6.82	214	206	1,840
Potatoes, boiled.....	324	13.75	6.21	156	6	1,304
Beans, baked.....	293	5.25	2.38	178	69	538
Beets.....	312	2.13	.97	16	1	94
Pickles.....	328	.25	.11	1	.....	3
Dressing.....	341	1.25	.57	24	15	113
Total vegetables and vegetable substitutes.....	.....	22.63	10.27	375	91	2,052
Total vegetable food.....	86.67	39.33	1,956	461	13,727
Total food.....	112.12	50.88	3,712	1,510	14,091

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TABLE 66—Food Materials Rejected in Dietary Study No. 22, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
		Pounds	Kilograms	Protein Grams	Fat Grams	Carbo- hydrates Grams
<i>Vegetable food</i>						
Oatmeal	147	1.50	.68	22	9	85
"	148	2.00	.91	36	15	144
"	149	1.50	.68	21	9	83
"	150	1.75	.79	36	16	144
Total breakfast foods .....	.....	6.75	3.06	115	49	456
Bread	191	25.53	11.58	822	81	6,079
Total breads .....	.....	25.53	11.58	822	81	6,079
Pudding, bread	211	1.50	.68	31	37	218
" cornstarch	217	1.00	.45	10	12	79
" farina	221	1.75	.79	23	15	155
" rice	228	1.25	.57	12	5	109
Johnny cake	263	.75	.34	23	8	186
Ginger cake	250	1.00	.45	29	41	248
"	251	.75	.34	21	26	193
Coffee cake	245	.50	.23	16	24	117

TABLE 71
Food Materials Served in Dietary Study No. 24, of 148 Female Patients, Chronic, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS		
		Total food		Protein	Fat	Carbo- hyd rates	Grams	
		Pounds	Kilograms					
<i>Animal food</i>								
Beef, roast.....	10	3.50	1.59	499	86	.....	.....
Mutton	23	5.25	2.38	702	662	.....	.....
Pork, roast	26	18.25	8.28	1,408	5,788	.....	.....
" bacon	37	3.50	1.59	342	1,081	.....	.....
Fish, cod, fresh	49	17.50	7.94	1,826	48	.....	.....
" salmon, salt	60	27.25	12.36	4,202	3,053	.....	.....
" " canned	62	25.00	11.34	2,472	1,372	.....	.....
Soup, English beef	73	72.75	33.00	198	231	.....	1,485
" tomato	80	72.75	33.00	198	231	.....	1,188
Hash, corned beef	107	39.13	17.75	3,248	1,562	.....	1,846
" "	108	39.38	17.86	3,054	1,107	.....	1,722
Gravy.....	125	10.50	4.76	71	5	.....	481
Total meats and meat substitutes.....	.....	334.76	151.85	18,220	15,226	.....	6,732
Milk.....	135	46.26	20.98	692	839	1,049	
Butter	136	68.13	30.90	309	26,265	
Cheese.....	137	21.75	9.87	2,557	3,326	237	

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TABLE 67

Nutrients and Energy per Person per day in Food Served, Rejected and Actually Eaten in Dietary, No. 22, of 18
Female Patients Acute and Sick Chronic, March 27 to April 2, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARB-HYDRATES			ENERGY		
	Served	Rej-cted	Eaten	Served	Rej-cted	Eaten	Served	Rej-cted	Eaten	Served	Rej-cted	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes	25	6	19	24	5	19	12	2	10	375	79	296
Dairy products, etc.	15	.....	15	62	.....	62	2	.....	2	646	.....	646
Total animal food	40	6	34	86	5	81	14	2	12	1,021	79	942
<i>Vegetable food</i>												
Breakfast foods	5	1	4	2	.....	2	20	4	16	121	20	101
Breads	20	7	13	2	1	1	148	48	100	707	235	472
Puddings, cakes, sauces, sugars, etc.	7	1	6	6	1	5	134	12	122	634	63	571
Vegetables and vegetable substitutes	7	2	5	2	1	1	45	10	35	232	58	174
Total vegetable food	39	11	28	12	3	9	347	74	273	1,694	376	1,318
Total food	79	17	62	98	8	90	361	76	285	2,715	455	2,260

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Pudding, bread	211	26.50	12.02	541	601	3,774
" rice	227	30.75	13.95	363	126	3,320
"	228	27.00	12.25	257	110	2,340
" cornstarch	217	41.00	18.60	409	502	3,274
" farina	221	26.75	12.13	352	230	2,390
Johnny cake	263	30.00	13.61	939	327	7,430
Ginger cake	250	30.50	13.84	900	1,260	7,459
"	251	26.00	11.79	755	896	6,685
Coffee cake	245	30.00	13.61	953	1,443	6,927
Dried apple sauce	279	27.63	12.53	38	50	2,155
"	273	28.00	12.70	38	51	2,713
Prunes	287	28.25	12.82	90	.....	3,884
Syrup	292	12.00	5.44	.....	.....	3,808
Sugar	291	46.25	20.98	.....	.....	20,980
Total puddings, cakes, sauces, sugars, etc. ....	.....	410.63	186.27	5,635	5,656	77,169
Potatoes, boiled	324	239.23	109.52	2,713	109	22,680
Beans, baked	293	47.00	21.32	1,599	618	4,818
Beets	312	32.38	14.69	235	15	1,425
Dressing	341	41.75	18.94	795	492	3,750
Pickles	328	10.49	4.76	24	14	129
Total vegetables and vegetable substitutes .....	.....	370.85	168.23	5,366	1,248	32,802
Total vegetable food	1,367.38	620.28	26,586	9,081	219,161
Total food	1,924.11	872.81	53,633	59,080	227,292

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TABLE 68—Food Materials Served in Dietary Study No. 23—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo- hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Animal food—(Concluded)</i>							
Eggs, boiled.....	139	37.30	16.92	2,369	2,030	.....
" scrambled.....	140	26.38	11.97	1,484	1,089	.....	120
Total dairy products.....	.....	140.27	63.62	6,427	18,754	.....	918
Total animal food.....	.....	384.61	174.47	22,244	30,711	.....	5,004
<i>Vegetable food</i>							
Oatmeal.....	147	26.75	12.13	388	170	.....	1,516
"	148	24.75	11.23	449	191	.....	1,774
"	149	24.50	11.11	344	144	.....	1,856
Hominy.....	176	20.75	9.41	169	9	.....	1,581
"	177	17.25	7.82	125	8	.....	1,220
Total breakfast food.....	.....	114.00	51.70	1,475	522	.....	7,447
Bread.....	191	306.88	139.20	9,883	974	.....	78,080
Total bread.....	.....	306.88	139.20	9,883	974	.....	78,080
Pudding, bread.....	211	24.00	10.89	490	699	.....	3,420
" rice.....	227	19.75	8.96	283	81	.....	2,122
"	228	22.50	10.21	314	92	.....	1,950

Dieteries for Hospitals for the Insane

	217	9 00	4 03	90	110	718
" cornstarch	221	21.63	9.81	285	180	1,933
" farina	268	20.00	9.07	636	218	4,952
Johnny cake	250	17.50	7.94	616	723	4,280
Ginger cake	251	21.00	9.53	610	724	5,404
"	245	13.50	6.12	428	649	3,115
Coffee cake	279	20.75	9.41	98	88	1,619
Dried apple sauce	273	24.25	11.00	83	44	2,870
"	287	21.75	9.87	69	.....	2,991
Prune sauce	292	21.75	9.87	.....	.....	6,909
Syrup	291	43.37	19.67	.....	.....	19,070
Sugar .....	.....	300.75	136.43	3,622	8,464	61,469
Total puddings, cakes, sauces, etc.	324	154.30	69.39	1,750	70	14,628
Potatoes, boiled	293	58.88	26.71	2,003	775	6,030
Beans, baked	312	34.50	15.65	250	16	1,518
Beets	341	15.00	6.80	286	177	1,346
Dressing	328	8.38	3.80	19	11	103
Pickles .....	.....	271.06	192.95	4,308	1,049	23,631
Total vegetables and vegetable substitutes	992.69	450.28	19,288	6,009	165,627
Total vegetable food	1,377.30	624.75	41,532	26,720	170,631
Total food

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TABLE 69
Food Materials Rejected in Dietary Study No. 23, of 86 Female Patients, Chronic, Active and Disturbed, in Central Group, at St. Lawrence State Hospital, March 27 to April 2, 1899

KIND OF FOOD MATERIALS	WEIGHT					
	Reference number	Total food		NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates
<i>Animal food</i>						
Beef, roast.....	10	2.75	1.25	393	Grams 67	Grams
Pork, bacon.....	37	1.25	.57	122	388	.....
Fish, cod, fresh.....	49	3.00	1.36	313	8	.....
" salmon, salt.....	60	3.50	1.59	540	393	.....
" salmon, canned.....	62	.50	.23	50	23	.....
Soup, English, beef.....	78	3.83	1.73	10	12	78
" tomato.....	80	6.75	3.06	18	22	110
Hash, corned beef.....	107	1.63	.74	135	65	77
" ".....	108	2.25	1.02	175	63	99
Total meats and meat substitutes.....	.....	25.45	11.55	1,756	1,046	364
Total animal food.....	.....	25.45	11.55	1,756	1,046	364
<i>Vegetable food</i>						
Oatmeal.....	147	2.00	.91	29	18	114
".....	148	1.50	.66	27	12	107
".....	149	3.00	1.36	43	18	166

Dieteries for Hospitals for the Insane

	176	2.75	1.25	93	1	210
Hominy.....	177	1.88	.63	10	1	98
“.....						
Total breakfast foods.....					45	695
Bread.....	191	38.37	17.41	1,236	122	9,140
“.....						
Total breads.....		38.37	17.41	1,236	122	9,140
“.....						
Pudding, bread.....	211	2.75	1.25	56	69	393
“ cornstarch.....	217	1.75	.79	18	21	139
“ farina.....	221	2.38	1.08	31	21	213
“ rice.....	227	1.87	.85	22	8	202
“ “.....	228	2.50	1.13	24	10	216
Ginger cake.....	250	.67	.30	20	27	162
“ “.....	251	1.37	.62	40	47	352
Dried apple sauce.....	279	.50	.23	1	1	40
“ “.....	273	1.25	.57	2	2	123
“.....						
Total puddings, sauces, etc.....		15.04	6.82	214	206	1,840
“.....						
Potatoes, boiled.....	324	13.75	6.21	156	6	1,304
Beans, baked.....	293	5.25	2.38	178	69	538
Beets.....	312	2.13	.97	16	1	94
Pickles.....	328	.25	.11	1	.....	3
Dressing.....	341	1.25	.57	24	15	113
“.....						
Total vegetables and vegetable substitutes.....		22.63	10.27	375	91	2,052
“.....						
Total vegetable food.....		86.67	39.93	1,956	461	18,727
“.....						
Total food.....		112.12	50.88	3,712	1,510	14,091

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TABLE 70

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 23, c,
Female Patients, Chronic, Active and Disturbed, March 27 to April 2, 1899.

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	26	3	23	20	2	18	6	.....	6	317	31	286
Dairy products, etc	11	.....	11	31	.....	31	2	.....	2	342	.....	342
Total animal food.....	37	3	34	51	2	49	8	.....	8	659	31	628
<i>Vegetable food</i>												
Breakfast foods	2	.....	2	1	.....	1	12	1	11	67	4	63
Breads	17	2	15	1	.....	1	122	15	107	579	70	509
Puddings, cakes, sauces, sugars, etc ...	6	.....	6	6	1	5	102	3	99	499	22	477
Vegetables and vegetable substitutes...	7	1	6	2	.....	2	39	4	35	207	20	187
Total vegetable food	32	3	29	10	1	9	275	23	252	1,352	116	1,236
Total food	69	6	63	61	3	58	283	23	260	2,011	147	1,864

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TABLE 71									
Food Materials Served in Dietary Study No. 24, of 148 Female Patients, Chronic, in Central Group at St. Lawrence State Hospital, March 27 to April 2, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT						Carbo-hyd rates	
		Total food		NUTRIENTS					
		Proteids	Fat	Grams	Grams	Grams			
		Pounds	Kilograms	Grams	Grams	Grams			
<i>Animal food</i>									
Beef, roast.....	10	3.50	1.59	499	86	.....	.....	.....	.....
Mutton.....	23	5.25	2.38	702	662	.....	.....	.....	.....
Pork, roast.....	26	18.25	8.28	1,408	5,788	.....	.....	.....	.....
" bacon.....	37	3.50	1.59	342	1,091	.....	.....	.....	.....
Fish, cod, fresh.....	49	17.50	7.91	1,826	48	.....	.....	.....	.....
" salmon, salt.....	60	27.25	12.36	4,202	3,053	.....	.....	.....	.....
" " canned.....	62	25.00	11.34	2,472	1,372	.....	.....	.....	.....
Soup, English beef.....	73	72.75	33.00	198	231	1,485	.....	.....	.....
" tomato.....	80	72.75	33.00	198	231	1,188	.....	.....	.....
Hash, corned beef.....	107	39.13	17.75	3,248	1,562	1,846	.....	.....	.....
" ".....	108	39.38	17.86	3,054	1,107	1,722	.....	.....	.....
Gravy.....	125	10.50	4.76	71	5	481	.....	.....	.....
Total meats and meat substitutes.....	.....	384.76	151.85	18,220	15,226	6,732	.....	.....	.....
Milk.....	135	46.26	20.98	692	839	1,049
Butter.....	136	68.13	30.90	309	26,265
Cheese.....	137	21.75	9.87	2,557	3,326	237

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TABLE 71—Food Materials Served in Dietary Study No. 24, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT						
	Reference number	Total food				NUTRIENTS	
		Pounds		Kilograms	Protein	Fat	Carbo- hydrates
					Grams	Grams	Grams
<i>Animal food—(Concluded)</i>							
Eggs, boiled.....	139	60.83	27.59	3,863	3,311	.....
“ scrambled.....	140	26.00	11.34	1,406	1,032	113	
Total dairy products .....	.....	221.97	100.68	8,827	34,773	1,399
Total animal food .....	.....	556.73	252.53	27,047	49,999	8,131
<i>Vegetable food</i>							
Oatmeal.....	147	39.60	17.69	506	248	2,211	
“	148	40.52	18.38	735	312	2,904	
“	149	36.63	16.62	515	216	2,023	
“	150	8.50	3.86	178	77	702	
Hominy	176	30.00	13.61	245	14	2,286	
“	177	21.75	9.87	158	10	1,540	
Total breakfast foods.....	.....	176.40	80.03	2,397	877	11,671
Bread.....	191	409.50	185.76	13,188	1,300	97,619	
Total breads	409.50	185.75	13,188	1,300	97,619	

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Pudding, bread	211	26.50	12.02	541	661	3,774
" rice	227	30.75	13.95	363	126	8,320
" "	228	27.00	12.25	257	110	2,340
" cornstarch	217	41.00	18.60	409	502	8,274
" farina	221	26.75	12.13	352	230	2,390
Johnny cake	263	30.00	13.61	939	327	7,430
Ginger cake	250	30.50	13.84	900	1,260	7,459
" "	251	26.00	11.79	755	896	6,685
Coffee cake	245	30.00	13.61	953	1,443	6,927
Dried apple sauce	279	27.63	12.53	38	50	2,155
" "	273	28.00	12.70	38	51	2,713
Prunes	287	28.25	12.82	90	.....	8,884
Syrup	292	12.00	5.44	.....	.....	3,808
Sugar	291	46.25	20.98	.....	.....	20,980
Total puddings, cakes, sauces, sugars, etc. ....	.....	410.63	186.27	5,635	5,656	77,169
Potatoes, boiled	324	239.23	108.52	2,713	109	22,680
Beans, baked	298	47.00	21.32	1,599	618	4,818
Beets	312	32.38	14.69	235	15	1,425
Dressing	341	41.75	18.94	795	492	3,750
Pickles	328	10.49	4.76	24	14	129
Total vegetables and vegetable substitutes .....	.....	370.85	168.23	5,366	1,248	32,802
Total vegetable food	1,367.38	620.28	26,586	9,081	219,161
Total food	1,924.11	872.81	53,633	59,080	227,292

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CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes	Grams 17	Grams 1	Grams 16	Grams 15	Grams 1	Grams 14	Grams 7	Grams 1	Grams 6	Calories 298	Calories 18	Calories 290
Dairy products, etc	9	.....	9	33	.....	33	1	.....	1	348	.....	348
Total animal food	26	1	25	48	1	47	8	1	7	586	18	563
<i>Vegetable food</i>												
Breakfast foods	2	.....	2	1	.....	1	11	1	10	62	4	58
Breads	13	2	11	1	.....	1	94	11	33	448	63	395
Puddings, cakes, sauces, sugars, etc....	6	.....	6	6	.....	6	74	1	73	384	4	380
Vegetables and vegetable substitutes...	5	.....	5	1	.....	1	32	1	31	161	4	157
Total vegetable food	26	2	24	9	.....	9	211	14	197	1,055	65	990
Total food	52	3	49	57	1	56	219	15	204	1,611	83	1,558

TABLE 73

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 24,
of 148 Female Patients, Chronic, March 27 to April 2, 1899

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TABLE 74									
Food Materials Served in Dietary Study No. 25, of Employees, Male 14, Female 25, Total 39, in Infirmary Group, at St. Lawrence State Hospital, April 12-18, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		NUTRIENTS					
		Pounds	Kilograms	Protein	Fat	Carbo- hydrates			
<i>Animal food</i>				Grams	Grams	Grams			
Beef, roast.....	1	42.25	19.17	5,328	4,064	.....		
Veal.....	20	18.62	8.45	2,628	634	.....		
Pork, salt.....	30	5.25	2.38	188	1,942	.....		
" bacon.....	32	1.25	.57	135	418	.....		
"	33	1.12	.51	104	249	.....		
Fish, cod, fresh.....	45	5.25	2.38	462	390	.....		
" salmon, salt.....	58	1.75	.79	282	205	.....		
Soup, creamed rice.....	70	6.50	2.95	27	3	221			
" vegetable.....	82	18.75	8.51	77	8	562			
" barley.....	66	18.00	8.16	90	8	685			
" English beef.....	71	7.00	3.18	35	3	293			
Stew, beef.....	100	5.25	2.38	526	36	236			
Hash, corned beef.....	104	8.25	3.74	610	337	501			
Gravy.....	120	18.50	8.39	403	839	1,250			
Total meats and meat substitutes.....	.....	157.74	71.56	10,895	9,136	3,748		
Butter.....	136	50.22	22.78	228	19,362	.....		
Cheese.....	137	2.81	1.28	332	431	31			

TABLE 74

Food Materials Served in Dietary Study No. 25, of Employees, Male 14, Female 25, Total 39, in Infirmary Group, at St. Lawrence State Hospital, April 12-18, 1899

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TABLE 74.—*Food Materials Served in Dietary Study No. 25—(Concluded)*

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates		Protein	Fat	Carbo- hydrates
		Pounds	Kilograms							
<i>Animal food—(Concluded)</i>										
Eggs	139	20.98	9.52	133	114	.....		133	114	.....
Milk	135	126.00	57.15	1,886	2,286	2,858		1,886	2,286	2,858
Total dairy products.....	.....	200.01	90.73	2,579	22,193	2,889		2,579	22,193	2,889
Total animal food.....	.....	357.75	162.29	13,474	31,329	6,637		13,474	31,329	6,637
<i>Vegetable food</i>										
Oatmeal.....	141	8.75	3.97	99	44	385		99	44	385
Cornmeal mush.....	160	15.25	6.92	97	21	810		97	21	810
Total breakfast foods .....	.....	24.00	10.89	196	65	1,195		196	65	1,195
Bread.....	191	218.37	99.05	7,032	693	52,001		7,032	693	52,001
Rice, boiled	194	16.00	7.26	174	65	1,249		174	65	1,249
"	195	16.75	7.60	144	129	1,307		144	129	1,307
Pudding, cornstarch	213	9.50	4.31	112	203	1,207		112	203	1,207
" blanc mango	202	4.75	2.15	62	105	694		62	105	694
" bread	203	28.00	12.70	724	1,333	4,584		724	1,333	4,584
"	204	16.00	7.26	494	748	3,550		494	748	3,550

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Dried apple sauce	270	7.35	3.29	13	20	934
" "	270	6.37	2.89	12	17	821
" "	271	9.35	4.20	13	17	974
Jelly.....	290	2.25	1.09	11	.....	787
Syrup.....	293	2.00	.91	.....	.....	637
Sugar	291	23.00	10.43	.....	.....	10,480
Total puddings, cakes, sauces, sugars, etc.....	.....	108.37	49.16	1,759	2,637	27,174
Potatoes, boiled and baked.....	324	154.16	69.92	1,748	70	14,613
Turnips	332	17.25	7.83	102	243	619
Beets	313	8.75	3.97	64	4	385
Beans	295	15.00	6.80	598	503	1,516
"	296	21.99	9.97	798	399	1,934
"	297	16.25	7.37	715	796	1,850
Macaroni and cheese	344	7.50	3.40	173	109	544
Pickles	328	2.87	1.30	7	4	35
Total vegetables and vegetable substitutes .....	.....	243.77	110.56	4,205	2,128	21,496
Total vegetable food... ..	.....	594.51	269.66	13,192	5,523	101,866
Total food.....	.....	952.26	431.95	26,666	36,852	108,503

Dieteries for Hospitals for the Insane

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.....	1	5.50	2.50	695	530	.....
" stew.....	100	1.00	.45	99	7	45
Veal.....	20	1.00	.45	140	34	.....
Pork, salt.....	30	2.50	1.13	89	922	.....
" bacon.....	32	.88	.40	94	294	.....
".....	33	.75	.34	69	166	.....
Fish, salmon, salt.....	58	.50	.23	82	60	.....
" cod.....	45	.50	.23	45	38	.....
Soup, creamed rice.....	70	.75	.34	8	.....	25
" vegetable.....	82	6.00	2.72	24	8	180
" barley.....	66	1.75	.79	9	1	66
Hash, corned beef.....	104	1.75	.79	129	71	106
Gravy.....	120	5.50	2.50	120	250	878
Total meats and meat substitutes.....	.....	28.38	12.87	1,598	2,376	795

TABLE 76

Food Materials Rejected in Dietary Study No. 25, of Employees, Male 14, Female 25, Total 39, in the Infirmary Group, at St. Lawrence State Hospital, April 12-18, 1899

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Cheese.....	137	.12	.05	13	17	1
Eggs.....	139	2.85	1.29	181	155
Total dairy products	2.97	1.34	194	172	.1
Total animal food.....	.....	31.35	14.21	1,792	2,548	796
<i>Vegetable food</i>						
Oatmeal.....	141	1.50	.68	17	7	66
Cornmeal mush	160	5.00	2.27	32	7	266
Total breakfast foods.....	.....	6.50	2.95	49	14	332
Bread.....	191	53.75	24.38	1,731	171	12,800
Rice, boiled.....	194	5.25	2.38	57	21	409
".....	195	3.50	1.59	30	27	273
Pudding, cornstarch	213	3.50	1.59	41	75	445
" blanc mange	262	2.00	.91	26	45	294
" bread.....	203	7.50	3.40	194	357	1,227
".....	204	6.00	2.72	185	280	1,330
Dried apple sauce	269	1.00	.45	2	2	116
" ".....	270	2.50	1.13	5	7	321
" ".....	271	2.25	1.02	3	4	237
Jelly.....	290	1.00	.45	5	.....	347
Total puddings, cakes, sauces, sugars, etc. ....	.....	34.50	15.64	548	818	4,999
Potatoes, boiled and baked	324	25.65	11.64	292	11	2,433
Turnips	332	9.25	4.20	55	130	332
Peas.....	312	2.50	1.13	18	1	110
Beans.....	295	1.75	.79	70	58	176
".....	296	1.75	.79	63	32	153

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TABLE 75—*Food Materials Rejected in Dietary Study No. 25, etc.—(Concluded)*

KIND OF FOOD MATERIALS	Reference number	WEIGHT			
		Total food	NUTRIENTS		
			Protein	Fat	Carbo-hydrates
			Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>					
Beans.....			77	85	198
Macaroni and cheese.....	314	1.50	35	22	109
Pickles.....	328	.50	1	1	6
Total vegetables and vegetable substitutes.....	.....	44.65	611	340	3,517
Total vegetable food.....	139.40	2,939	1,343	21,648
Total food.....	170.75	4,731	3,891	22,444

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Dried apple sauce.....	270	.63	.29	1	2	82
" "	271	.75	.34	1	1	79
Total pudding, cakes, sauces, sugars, etc.....	17.38	7.89	184	179	1,786
Potatoes.....	324	14.75	6.69	167	7	1,398
Turnips.....	332	3.00	1.36	18	42	107
Beets.....	312	1.75	.79	13	1	77
Beans.....	295	1.00	.45	40	33	100
".....	296	4.75	2.15	172	86	417
".....	297	3.75	1.70	165	181	427
Macaroni and cheese.....	344	4.50	2.04	104	65	326
Dressing.....	336	2.00	.91	42	54	167
Pickles.....	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes.....	.....	36.00	16.32	722	473	3,025
Total vegetable food.....	96.63	43.84	1,922	770	12,319
Total food.....	158.91	72.08	6,529	5,136	13,394

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TABLE 77
Food Materials Served in Dietary Study No. 26, of 60 Male Patients, Workers in the Infirmary Group at St. Lawrence State Hospital April 12-18, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo-hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms	Grams	Grams	Grams	Grams
<i>Animal food</i>							
Beef, roast.....	1	11.00	4.99	1,387	1,058	.....	.....
" soup.....	15	76.25	34.59	10,860	2,906	.....	.....
Pork, salt.....	30	23.25	10.55	833	8,609	.....	.....
" bacon.....	32	7.75	3.52	830	2,584	.....	.....
"	33	7.00	3.18	645	1,555	.....	.....
Fish, cod, fresh.....	46	19.25	8.73	2,183	52	.....	.....
" salmon, salt.....	58	9.00	4.08	1,457	1,057	.....	.....
Soup, creamed rice.....	70	32.25	14.63	132	15	1,097	.....
" vegetable.....	82	31.00	14.06	127	14	928	.....
" barley.....	66	32.50	14.74	162	15	1,238	.....
" English beef.....	71	31.50	14.29	157	14	1,315	.....
Stew, beef.....	100	20.50	9.30	2,055	140	921	.....
Hash, corned beef.....	104	15.00	6.80	1,108	612	911	.....
Total meats and meat substitutes.....	316.25	143.46	21,936	18,631	6,410
Butter.....	136	23.49	10.66	167	9,060
Cheese.....	137	16.25	7.37	1,909	2,484	177

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<i>Animal food—(Concluded)</i>								
Eggs	139	24.40	11.07	1,550	1,328			
Milk	135	75.12	34.07	1,124	1,363		 1,704
Total dairy products.....	.....	139.26	63.17	4,690	14,235	1,881		
Total animal food.....	.....	455.51	206.63	26,626	32,366	8,291		
<i>Vegetable food</i>								
Oatmeal.....	141	11.50	5.22	131	57	506		
Cornmeal mush.....	160	58.75	26.65	373	80	3,118		
Total breakfast foods.....	.....	70.25	31.87	504	137	3,624		
Bread	191	399.50	181.21	12,866	1,268	95,135		
Rice, boiled.....	194	19.00	8.62	207	78	1,482		
“	195	34.75	15.76	299	268	2,711		
Pudding, cornstarch.....	213	24.00	10.89	233	512	3,049		
“ blanc mange.....	202	18.50	8.39	243	411	2,710		
“ bread.....	205	19.75	8.96	251	108	1,890		
“	206	23.75	10.77	334	236	3,070		
Dried apple sauce	270	25.75	11.68	47	70	3,317		
“	271	15.25	6.92	21	28	1,605		
Syrup.....	292	39.25	17.80	.....	.....	12,460		
Sugar.....	291	12.80	5.81	.....	.....	5,810		
Total puddings, cakes, sauces, sugars, etc.....	.....	232.80	105.60	1,585	1,711	38,104		
Potatoes.....	324	111.50	50.58	1,265	51	10,570		
Turnips	332	30.75	13.95	181	432	1,102		
Beets	312	11.00	4.99	80	5	481		
Beans.	295	18.25	8.28	729	613	1,846		

Dieteries for Hospitals for the Insane

TABLE 77.—Food Materials served in Dietary Study No. 26, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams		
<i>Vegetable food—(Concluded)</i>									
Beans.	296	41.50	18.82	1,506	753	3,651			
"	297	62.25	28.24	2,739	3,050	7,088			
Macaroni and cheese.	344	24.00	10.89	555	348	1,742			
Pressing.	336	19.00	8.62	397	509	1,577			
Pickles.	328	4.50	2.04	10	6	55			
Total vegetables and vegetable substitutes. ....	.....	322.75	146.41	7,462	5,767	28,115		
Total vegetable food.	1,025.30	465.09	22,517	8,883	164,978			
Total food.	1,480.81	671.72	49,143	41,749	173,269			

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	271	19.75	8.96	27	38	2,079
Jelly	290	11.75	5.33	59	4,115
Syrup	292	32.75	14.86	10,402
Sugar	291	18.50	8.44	8,440
Total puddings, cakes, sauces, sugars, etc. ....	.....	258.10	117.10	1,966	1,970	44,202
Potatoes, boiled and baked.	324	124.50	56.48	1,412	57	11,804
Turnips	332	36.00	16.33	212	506	1,290
Beets	3 2	18.75	8.51	136	9	825
Beans	295	15.00	6.80	598	503	1,516
"	296	24.50	11.11	839	444	2,155
"	297	57.00	25.86	2,508	2,793	6,490
Macaroni and cheese	344	19.75	8.96	457	287	1,434
Dressing	336	19.25	8.73	402	515	1,598
Pickles	328	4.75	2.15	11	6	58
Total vegetables and vegetable substitutes .....	.....	319.50	144.93	6,625	5,120	27,170
Total vegetable food.	1,242.35	563.55	26,871	9,058	206,217
Total food	1,683.08	763.48	44,152	35,605	216,585

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TABLE 78—Food Materials Rejected in Dietary Study No. 26, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo- hydrates
				Protein	Fat	Grams	
<i>Animal food—(Concluded)</i>							
Cheese	137	Pounds .88	Kilograms .40	Grams 104	Grams 135	Grams 10	10
Eggs.....	139	.90	.41	57	49	.....	.....
Total dairy products.....	.....	1.78	.81	161	184	.....	10
Total animal food .....	.....	62.28	28.24	4,607	4,366	1,075	1,075
<i>Vegetable food</i>							
Oatmeal.....	141	2.00	.91	23	10	88	88
Cornmeal mush	160	13.00	5.90	83	18	690	690
Total breakfast food .....	.....	15.00	6.81	106	28	778	778
Bread.	191	28.25	12.82	910	90	6,730	6,730
Rice, boiled.....	194	3.50	1.59	38	14	273	273
"	195	3.50	1.59	30	28	278	278
Pudding, cornstarch.....	213	2.50	1.13	30	53	316	316
" blanc mange.....	202	2.75	1.25	26	61	404	404
" bread.....	205	3.75	1.70	43	20	359	359

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Dried apple sauce.....	270	.63	.29	1	2	82
" ".....	271	.75	.34	1	1	79
Total pudding, cakes, sauces, sugars, etc.....	17.38	7.89	184	179	1,786
Potatoes.....	324	14.75	6.69	167	7	1,398
Turnips.....	332	3.00	1.36	18	42	107
Beets.....	312	1.75	.79	13	1	77
Beans.....	295	1.00	.45	40	33	100
".....	296	4.75	2.15	172	86	417
".....	297	3.75	1.70	165	181	427
Macaroni and cheese.....	344	4.50	2.04	104	65	326
Dressing.....	336	2.00	.91	42	54	167
Pickles.....	323	.50	.23	1	1	6
Total vegetables and vegetable substitutes.....	.....	36.00	16.32	722	473	3,025
Total vegetable food.....	96.63	43.84	1,922	770	12,319
Total food.....	158.91	72.08	6,529	5,136	13,394

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TABLE 81—Food Materials Rejected in Dietary Study No. 27, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>						
Macaroni and cheese.....	344	2.50	1.13	58	36	181
Dressing.....	336	3.00	1.36	63	80	249
Pickles.....	328	1.00	.45	2	1	12
Total vegetables and vegetable substitutes.....	.....	47.50	21.51	966	780	4,006
Total vegetable food.	136.25	61.79	2,986	1,147	19,721
Total food.....	180.44	81.84	5,309	2,395	20,835

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TABLE 82
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 27,
 of 87 Male Patients, Infirm, April 12-18, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 19	Grams 4	Grams 15	Grams 15	Grams 2	Grams 13	Grams 13	Grams 2	Grams 11	Calories 270	Calories 43	Calories 227
Dairy products, etc.....	9	.....	9	28	.....	28	4	.....	4	314	.....	314
Total animal food.....	28	4	24	43	2	41	17	2	15	584	43	541
<i>Vegetable food</i>												
Breakfast foods.....	1	.....	1	1	.....	1	10	1	9	54	4	50
Breads.....	29	3	26	3	1	2	211	20	191	1,012	103	909
Puddings, cakes, sauces, sugars, etc....	3	.....	3	3	.....	3	72	4	68	336	17	319
Vegetables and vegetable substitutes...	11	2	9	8	1	7	45	7	38	304	46	258
Total vegetable food.....	44	5	39	15	2	13	338	32	306	1,706	170	1,536
Total food.....	72	9	63	58	4	54	355	34	321	2,290	213	2,077

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TABLE 83
Food Materials Served in Dietary Study No. 28 of 99 Female Patients, Infirm, in Infirmary Group at
St. Lawrence State Hospital April 12-18, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo- hydrates
				Protein	Fat	Grams	
<i>Animal food</i>		Pounds	Kilograms	Grams	Grams	Grams	Grams
Beef, roast.....	1	11.50	5.22	1,451	1,107	1,107	.....
" soup.....	15	13.00	5.90	1,853	495	495	.....
" corned, canned.....	19	15.12	6.86	1,801	1,253	1,253	.....
Pork, salt.....	30	9.50	4.31	340	3,517	3,517	.....
Fish, cod fresh.....	46	13.75	6.24	1,560	37	37	.....
" salmon, salt.....	58	8.75	3.97	1,417	1,028	1,028	.....
Soup, creamed rice.....	70	47.00	21.32	192	21	21	1,599
" vegetable.....	82	46.25	20.98	189	21	21	1,385
" barley.....	66	55.25	25.06	276	25	25	2,105
" English beef.....	71	53.75	24.38	286	24	24	2,243
Stew, beef.....	100	7.75	3.52	778	53	53	349
Hash, corned beef.....	.....	18.75	8.51	1,387	766	766	1,140
Total meats and meat substitutes.....	.....	300.37	136.27	11,515	8,377	8,377	8,821
Butter.....	136	31.87	14.46	145	12,290	12,290
Cheese.....	137	16.00	7.26	1,880	2,447	2,447	174

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Eggs	139	20.90	9.48	1,327	1,138
Milk	135	123.94	56.22	1,855	2,249	2,811
Total dairy products	192.71	87.42	5,207	18,124	2,985
Total animal food .....	.....	493.08	223.69	16,722	26,501	11,806
<i>Vegetable food</i>						
Oatmeal	141	25.00	11.34	283	125	1,100
Cornmeal mush	160	106.00	48.08	673	144	5,625
Total breakfast foods .....	.....	131.00	59.42	956	269	6,725
Bread	191	412.75	187.23	13,293	1,311	98,296
Rice, boiled	194	22.25	10.09	242	91	1,735
"	195	26.75	12.13	230	206	2,086
Pudding, cornstarch	213	30.50	13.84	360	650	3,875
" blanc mange	202	24.50	11.11	322	544	3,589
" bread	205	22.60	9.98	279	120	2,106
"	203	10.50	4.76	271	500	1,718
"	206	30.25	13.72	425	302	3,910
Dried apple sauce	269	48.50	22.00	88	125	6,047
"	270	22.25	10.09	30	40	2,341
Syrup	292	4.75	9.57	.....	.....	1,505
Sugar	291	21.10	2.15	9,570
Total puddings, cakes, sugars, sauces, etc.	263.35	119.44	2,247	2,578	38,482

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TABLE 81

Food Materials Rejected in Dietary Study No. 27, of 87 Male Patients, Infirm, in Infirmary Group at St. Lawrence State Hospital April 12-18, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
		Kilo	Grams	Protein	Fat	Carbo-hydrates	
<i>Animal food</i>							
Beef, roast.....	15	2.75	1.25	253	193	.....	Grams
" soup.....	30	.75	.84	393	105	.....	.....
Pork, salt.....	34	.50	.23	27	277	.....	.....
" bacon.....	46	4.50	2.04	50	141	.....	.....
Fish, cod, fresh.....	58	2.00	.91	510	12	.....	.....
" salmon, salt.....	70	7.50	3.40	325	236	.....	.....
Soup, creamed rice.....	82	5.25	2.38	31	3	255	.....
" vegetable.....	66	5.50	2.49	21	2	157	.....
" barley.....	71	5.75	2.61	27	2	209	.....
" English beef.....	100	3.50	1.59	29	3	240	.....
Stew beef.....	104	1.50	.68	351	24	157	.....
Hash, corned beef.....				111	61	91
Total meats and meat substitutes.....	41.50	18.83	2,128	1,059	1,109

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	187	.44	.90	69	67	6
Cheese.....	139	2.25	1.02	143	122
Eggs.....
Total dairy products.....	2.69	1.22	195	189	5
Total animal food.....	.....	44.19	20.05	2,328	1,218	1,114
<i>Vegetable food</i>						
Oatmeal.....	141	5.00	2.27	57	25	220
Corn meal mush.....	160	10.25	4.65	65	14	544
Total breakfast foods.....	.....	15.25	6.92	122	39	761
Bread.....	191	52.50	23.81	1,695	167	12,500
Rice, boiled.....	194	2.75	1.25	30	11	215
".....	195	5.50	2.50	42	43	430
Pudding, cornstarch.....	213	2.50	1.13	29	53	316
" bread.....	205	3.75	1.70	48	20	359
" bread.....	206	2.50	1.13	35	25	322
" blanc mange.....	202	.25	.11	3	5	36
Dried apple sauce.....	270	.50	.23	1	1	65
" ".....	271	1.75	.79	2	8	183
Jelly.....	290	1.50	.68	7	.....	525
Total puddings, cakes, sauces, sugars, etc.....	.....	21.00	9.52	203	161	2,451
Potatoes.....	324	18.50	8.39	210	8	1,754
Turnips.....	332	6.25	2.84	37	88	224
Beets.....	312	2.50	1.13	18	1	110
Beans.....	295	2.00	.91	81	67	203
".....	296	2.50	1.13	90	45	219
".....	297	9.25	4.20	407	454	1,054

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TABLE 81—Food Materials Rejected in Dietary Study No. 27, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo-hydrates			
		Pounds	Kilograms	Grams	Grams	Grams			
<i>Vegetable food—(Concluded)</i>									
Macaroni and cheese.....	344	2.50	1.13	58	36	181			
Dressing.....	336	3.00	1.36	63	80	249			
Pickles.....	328	1.00	.45	2	1	12			
Total vegetables and vegetable substitutes.....	.....	47.50	21.51	966	780	4,006		
Total vegetable food.....	.....	136.25	61.79	2,986	1,147	19,721		
Total food.....	.....	180.44	81.84	5,309	2,395	20,835		

TABLE 82
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 27,
of 87 Male Patients, Infirm, April 12-18, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 19	Grams 4	Grams 15	Grams 2	Grams 13	Grams 11	Grams 270	Grams 43	Grams 227	Calories 227	Calories 43	Calories 227
Dairy products, etc.....	9	.....	9	.....	28	.....	314	.....	314	.....	.....	314
Total animal food.....	28	4	24	43	2	41	17	2	15	584	43	541
<i>Vegetable food</i>												
Breakfast foods.....	1	.....	1	.....	1	10	9	1	9	54	4	50
Breads.....	29	3	26	3	1	2	211	20	191	1,012	103	909
Puddings, cakes, sauces, sugars, etc....	3	.....	3	.....	3	72	4	68	386	386	17	319
Vegetables and vegetable substitutes....	11	2	9	8	1	7	45	7	38	304	46	258
Total vegetable food.....	44	5	39	15	2	13	338	32	306	1,706	170	1,536
Total food.....	72	9	63	58	4	54	855	34	321	2,290	218	2,077

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TABLE 83

Food Materials Served in Dietary Study No. 28 of 99 Female Patients, Infirm, in Infirmary Group at St. Lawrence State Hospital April 12-18, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT	Total food	NUTRIENTS	Carbo-hydrates	
				Protein	Fat	
		Pounds	Kilograms		Grams	
<i>Animal food</i>						
Beef, roast.....	1	11.50	5.22	Grams 1,451	Grams 1,107	.....
" soup.....	15	13.00	5.90	1,853	495	.....
" corned, canned.....	19	15.12	6.86	1,801	1,243	.....
Pork, salt.....	30	9.50	4.31	340	3,517	.....
Fish, cod fresh.....	46	13.75	6.24	1,560	37	.....
" salmon, salt.....	58	8.75	3.97	1,417	1,028	.....
Soup, creamed rice.....	70	47.00	21.32	192	21	1,599
" vegetable.....	82	46.25	20.98	189	21	1,385
" barley.....	66	55.25	25.06	276	25	2,105
" English beef.....	71	53.75	24.38	286	24	2,243
Stew, beef.....	100	7.75	3.52	778	53	349
Hash, corned beef.....	.....	18.75	8.51	1,387	766	1,140
Total meats and meat substitutes.....	.....	300.37	136.27	11,515	8,377	8,821
Butter.....	136	31.87	14.46	145	12,290	.....
Cheese.....	137	16.00	7.26	1,880	2,447	174

TABLE 83

Food Materials Served in Dietary Study No. 28 of 93 Female Patients, Infirm, in Infirmary Group at St. Lawrence State Hospital April 12-18, 1899

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Eggs	139	20.90	9.48	1,327	1,138
Milk	135	123.94	56.22	1,855	2,249	2,811
Total dairy products	192.71	87.42	5,207	18,124	2,985
Total animal food .....	.....	493.08	223.69	16,722	26,501	11,806
<i>Vegetable food</i>						
Oatmeal	141	25.00	11.34	283	125	1,100
Cornmeal mush	160	106.00	48.08	673	144	5,625
Total breakfast foods .....	.....	131.00	59.42	956	269	6,725
Bread	191	412.75	187.23	13,293	1,311	98,296
Rice, boiled	194	22.25	10.09	242	91	1,735
"	195	26.75	12.13	230	206	2,086
Pudding, cornstarch.	213	30.50	13.84	360	650	3,875
" blanc mange	202	24.50	11.11	322	544	3,589
" bread	205	22.00	9.98	279	120	2,106
"	203	10.50	4.76	271	500	1,718
"	206	30.25	13.72	425	302	3,910
Dried apple sauce.	269	48.50	22.00	88	125	6,047
"	270	22.25	10.09	30	40	2,341
Syrup	292	4.75	9.57	.....	.....	1,505
Sugar	291	21.10	2.15	9,570
Total puddings, cakes, sugars, sauces, etc.	263.35	119.44	2,247	2,578	38,482

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TABLE 83.—Food Materials Served in Dietary Study No. 28, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates		
<i>Vegetable food—(Concluded)</i>								
Potatoes, boiled and baked.....	324			Grams 1,684	Grams 68	Grams 14,078		
Turnips.....	332			121	288	735		
Beets.....	312			98	6	594		
Beans.....	295			998	839	2,529		
“.....	296			998	499	2,419		
“.....	297	73.75	33.45	3,245	3,613	8,395		
Macaroni and cheese.....	344	26.50	12.02	613	385	1,923		
Dressing.....	336	18.25	8.28	381	488	1,515		
Pickles.....	328	5.50	2.50	13	7	68		
Total vegetables and vegetable substitutes.....	.....	359.00	162.84	8,151	6,193	32,256	
Total vegetable food.....	.....	1,166.10	528.93	24,647	10,351	175,759	
Total food.....	.....	1,659.18	752.62	41,369	36,852	187,565	

TABLE 84
Food Materials Rejected in Dietary Study No. 28, of 99 Female Patients, Infirm, in Infirmary Group at
St. Lawrence State Hospital, April 12-18, 1899

KIND OF FOOD MATERIALS		WEIGHT							
Reference number		Total food		NUTRIENTS					
				Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms					Grams	Grams
	<i>Animal food</i>								
	Beef, roast	1	4.50	2.04	567	432	.....	Grams
	“ soup	15	2.75	1.25	392	105	.....	.....
	“ corned, canned	19	1.00	.45	118	84	.....	.....
	Pork, salt	30	2.50	1.13	89	922	.....	.....
	Fish, cod, fresh	46	4.00	1.81	452	11	.....	.....
	“ salmon, salt	58	3.25	1.48	528	383	.....	.....
	Soup, creamed rice	70	10.50	4.76	43	5	357	.....
	“ vegetable	82	6.25	2.84	26	3	187	.....
	“ barley	66	11.00	4.99	55	5	419	.....
	“ English beef	71	8.25	3.74	41	4	344	.....
	Stew, beef	100	2.50	1.13	250	17	112	.....
	Hash, corned beef	104	4.00	1.81	295	163	243	
	Total meats and meat substitutes	60.50	27.43	2,856	2,134	1,662	

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TABLE 84.—Food Material Rejected in Dietary Study No. 28, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT					NUTRIENTS		
	Reference number	Total food		Protein	Fat	Grams hydrates		
		Pot	Kilo	Grams	Grams			
<i>Animal food—(Concluded)</i>								
Cheese.....	137			96	125	9		
Eggs.....	139			90	77	.....	
Total dairy products.....	...			186	202	9		
Total animal food.....	...			1,042	2,336	1,671		
<i>Vegetable food</i>								
Oatmeal.....	160			51	22	198		
Corn meal mush.....	...	25.00	11.34	159	34	1,327		
Total breakfast foods.....	.....	29.50	13.38	210	56	1,525	
Bread.....	191	48.50	22.00	1,562	154	11,550		
Rice, boiled.....	194	5.00	2.27	55	20	390		
" ".....	195	3.50	1.59	30	27	274		
Pudding, cornstarch.....	213	5.50	2.50	65	118	700		
" blanc mange.....	202	4.50	2.04	59	100	659		
" bread.....	205	2.50	1.13	32	14	238		
" ".....	203	1.50	.68	39	71	245		
" ".....	206	4.75	2.15	67	47	613		
Dried apple sauce.....	269	1.50	.68	3	3	175		

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"	"	270	2.75	1.25	5	8	355
"	"	271	2.50	1.13	3	5	262
Total puddings, cakes, sauces, sugars, etc.							
Potatoes	.....	.....	34.00	15.42	358	418	8,912
Turnips	.....	324	25.75	11.68	292	12	2,441
Beets	.....	332	5.00	2.27	80	70	179
Beans	.....	312	4.00	1.81	29	2	176
"	.....	295	2.00	.91	80	67	208
"	.....	296	1.25	.57	46	23	111
"	.....	297	10.75	4.88	473	527	1,225
Macaroni and cheese	.....	344	4.00	1.81	92	58	290
Dressing	.....	336	5.00	2.27	104	132	415
Pickles	.....	328	1.25	.57	8	2	15
Total vegetables and vegetable substitutes							
	.....	.....	59.00	26.77	1,149	893	5,055
Total vegetable food							
	171.00	77.57	3,279	1,516	22,042
Total food							
	233.71	106.01	6,321	3,852	23,713

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TABLE 85
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 28
 Female Patients, Infirm, April 12-18, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams		mg				Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.	17	4	13	12		1				235	53	182
Dairy products, etc.	7	.....	7	26	.....	4				287	.....	287
Total animal food.	24	4	20	38	3	15	17	2	15	522	53	469
<i>Vegetable food</i>												
Breakfast foods.	1	.....	1	.....	.....	8	10	2	8	45	8	37
Breads.	19	2	17	2	.....	2	142	17	125	679	78	601
Puddings, cakes, sauces, sugars, etc.	4	1	3	4	1	3	56	6	50	283	38	245
Vegetables and vegetable substitutes.	12	2	10	9	1	8	46	7	39	321	46	275
Total vegetable food.	36	5	31	15	2	13	254	32	222	1,328	170	1,158
Total food.	60	9	51	53	5	48	271	34	237	1,850	223	1,627

TABLE 86
Food Materials Served in Dietary Study No. 29, Employees, Male 60, Female 78, Total 138, in Central Group at St. Lawrence State Hospital July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		NUTRIENTS					
				Protein	Fat	Carbo- hydrates	Grams		
		Pounds	Kilograms					Grams	Grams	Grams
<i>Animal food</i>									
Beef, roast.....	11	84.50	38.33	11,767	2,913	.....	.....	.....	.....
“ corned.....	19	4.25	1.93	507	361	.....	.....	.....	.....
Liver and bacon.....	40	58.75	26.65	5,996	5,915	.....	.....	.....	399
Pork, roast.....	27	45.25	20.53	3,715	13,633	.....	.....	.....	.....
“ ham.....	29	27.25	12.36	2,497	2,768	.....	.....	.....	.....
“ bacon.....	38	9.75	4.42	791	3,156	.....	.....	.....	.....
Fish, weak.....	56	23.25	10.55	2,236	654	.....	.....	.....	222
“ bass.....	44	4.37	1.98	762	20	.....	.....	.....	.....
“ creamed cod.....	64	31.25	14.18	1,262	312	.....	.....	.....	1,106
Soup, English beef.....	74	51.50	23.86	164	93	.....	.....	.....	1,238
“ pea.....	76	56.50	25.63	1,051	205	.....	.....	.....	2,563
“ tomato.....	81	57.50	26.08	183	235	.....	.....	.....	1,200
Hash.....	117	62.75	28.47	3,701	1,111	.....	.....	.....	3,274
Gravy.....	126	19.38	8.79	62	9	413
Total meats and meat substitutes.....	536.25	243.26	34,694	31,385	10,415

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TABLE 86—Food Materials Served in Dietary Study No. 29, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT		NUTRIENTS			
	Reference number	Total food		Proteins	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food—(Concluded)</i>						
Milk.....	135	660.00	299.38	9,878	11,975	14,969
Butter.....	136	175.49	79.60	796	67,660	.....
Cheese.....	137	11.49	5.21	1,349	1,756	125
Total dairy products.....	.....	846.98	384.19	12,023	81,391	15,094
Total animal food.....	.....	1,383.23	627.45	46,717	112,776	25,509
<i>Vegetable food</i>						
Oatmeal.....	151	21.75	9.87	237	99	938
".....	152	40.00	18.14	635	272	2,503
Cornmeal mush.....	163	11.00	4.99	85	15	684
".....	164	7.88	3.57	61	11	485
Hominy.....	178	17.00	7.71	123	8	1,172
Total breakfast food.....	.....	97.63	44.28	1,141	405	5,782
Bread.....	191	598.42	271.44	19,972	1,900	142,506
Biscuit.....	193	59.00	26.76	2,516	4,335	13,434
Total breads.....	657.42	298.20	21,788	6,235	155,940

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Pudding, bread	212	31.75	14.40	619	979	4,463
“ rice	229	52.50	23.81	1,190	762	10,333
“ corn starch	218	39.50	17.92	323	520	2,849
“ tapioca	237	27.25	12.36	403	396	4,560
Boiled rice	198	22.75	10.32	186	103	1,630
Ginger cake	252	10.50	4.76	309	509	2,723
Johnny cake	264	37.50	17.01	1,225	1,633	7,296
“	265	30.00	13.61	1,048	1,443	6,532
Dried apple sauce	280	24.50	11.11	22	33	2,056
“	281	27.00	12.25	24	37	2,315
Pudding sauce	289	19.50	8.85	310	836	1,496
Sugar	291	130.00	54.43	.....	.....	54,430
Syrup	293	9.50	4.31	.....	.....	3,017
Total puddings, cakes, sauces, sugars, etc. ....	.....	452.25	205.14	5,664	6,751	103,700
Potatoes	324	105.12	47.68	1,192	48	9,964
Beans, baked	293	115.51	52.40	3,930	1,520	11,842
Peas	321	35.25	15.99	560	304	1,487
“	322	76.00	34.47	1,551	1,068	3,447
Lettuce	318	9.00	4.08	49	12	118
Beet greens	313	61.50	27.90	976	1,032	4,296
Macaroni and cheese	347	5.50	2.49	112	82	451
Dressing	343	7.00	3.18	83	130	404
Pickles	328	9.25	4.20	21	13	113
Total vegetables and vegetable substitutes. ....	.....	424.13	192.39	8,474	4,209	32,122
Total vegetable food	1,631.43	740.01	37,067	17,600	297,544
Total food	3,014.56	1,367.46	83,784	130,376	323,053

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TABLE 87

Food Materials Rejected in Dietary Study No. 29, Employees, Male 60, Female 78, Total 138, in Central Group, at St. Lawrence State Hospital, July 7 to 13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
<i>Animal food</i>							
Beef, roast.....	11	17.62	7.99	2,453	607	.....
" corned.....	19	.25	.11	29	20	.....
Pork, roast.....	27	10.75	4.83	883	3,240	.....
" ham.....	29	6.62	3.00	606	671	.....
" bacon.....	38	2.25	1.02	183	728	.....
Soup, English beef.....	74	9.87	4.48	31	18	237	
" pea.....	76	2.50	1.13	46	9	113	
" tomato.....	81	14.25	6.46	45	58	297	
Hash.....	117	5.75	2.61	339	102	300	
Total meats and meat substitutes.....	.....	69.86	31.68	4,615	5,453	947
Cheese.....	137	.25	.11	28	37	3	
Total dairy products.....25	.11	28	37	3	
Total animal food.....	70.11	31.79	4,643	5,490	950	

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<i>Vegetable food</i>						
Oatmeal.....	151	1.75	.79	19	8	75
“.....	152	1.00	.45	16	7	62
Cornmeal mush.....	164	1.25	.57	10	2	77
Hominy.....	178	.37	.17	3	.....	26
Total breakfast foods.....	.....	4.37	1.98	48	17	240
Bread.....	191	99.70	45.22	3,210	317	23,740
Biscuit.....	193	6.50	2.95	277	478	1,481
Total breads..	.....	106.20	48.17	3,487	795	25,221
Pudding, bread.....	212	8.75	3.97	171	270	1,231
“ rice.....	229	8.75	3.97	199	127	1,723
“ cornstarch.....	218	6.25	2.84	51	82	452
“ tapioca.....	237	2.75	1.25	41	40	461
Boiled rice.....	198	3.75	1.70	31	17	268
Ginger cake.....	252	3.00	1.36	88	146	778
Johnny cake.....	264	4.00	1.81	130	174	776
“.....	265	4.62	2.10	161	223	1,008
Dried apple sauce.....	280	3.75	1.70	3	5	314
“.....	281	3.75	1.70	3	5	321
Pudding sauce.....	289	4.75	2.15	75	82	363
Total puddings, cakes, sauces, sugars, etc.....	.....	54.12	24.55	953	1,171	7,695
Potatoes.....	324	8.75	1.70	43	2	355
Beans, baked.....	298	14.00	6.35	476	184	1,435
Peas.....	322	3.75	1.70	77	53	170

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TABLE 87.—Materials Rejected in Dietary Study No. 29, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>						
Lettuce	318	1.75	.79	9	2	23
Beet greens.....	314	3.87	1.76	63	58	280
Dressing	342	2.00	.91	24	37	116
Pickles.	328	.25	.11	1	.....	3
Total vegetables and vegetable substitutes .....	.....	29.37	13.32	693	336	2,382
Total vegetable food.....	194.06	88.02	5,181	2,319	35,638
Total food.....	264.17	119.81	9,824	7,809	36,488

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TABLE 88
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 29,
 of Employees, Male 60, Female 78, Total 138, July 7-13, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 36	Grams 5	Grams 31	Grams 33	Grams 6	Grams 27	Grams 11	Grams 1	Grams 10	Calories 500	Calories 80	Calories 420
Dairy products, etc.....	12	.....	12	84	.....	84	15	.....	15	891	.....	891
Total animal food.....	48	5	43	117	6	111	26	1	25	1,391	80	1,311
<i>Vegetable food</i>												
Breakfast foods.....	1	.....	1	1	.....	1	6	.....	6	38	.....	38
Breads.....	23	3	20	6	1	5	163	26	136	814	128	686
Puddings, cakes, sauces, etc....	6	1	5	7	1	6	107	8	99	529	46	483
Vegetables and vegetable substitutes....	9	1	8	4	.....	4	33	3	30	209	17	192
Total vegetable food.....	39	5	34	18	2	16	308	37	271	1,590	191	1,399
Total food per person per day.....	87	10	77	135	8	127	334	38	296	2,981	271	2,710
Total food estimated per man per day.....	97	11	86	151	9	142	375	42	333	3,340	301	3,039

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TABLE 89
*Food Materials Served in Dietary Study No. 30, of 36 to 37 Male Patients, recent admissions, at Central Group
 St. Lawrence State Hospital July 7-13, 1899*

KIND OF FOOD MATERIALS	Reference number	WEIGHT				NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms				Grams	Grams
<i>Animal food</i>								
Beef, roast.....	11	3.75	1.70	522	129			
Liver and bacon.....	41	3.50	1.59	385	431	19		
Pork, roast.....	27	13.12	5.95	1,077	3,951			
" ham.....	29	5.87	2.66	537	596			
Fish, weak.....	56	7.50	3.40	721	211	71		
" creamed cod.....	64	9.75	4.42	393	97	345		
Soup, English beef.....	74	20.25	9.19	64	37	487		
" pea.....	76	32.00	14.52	595	116	1,452		
" tomato.....	81	19.50	8.85	62	80	407		
Gravy.....	126	4.50	2.04	14	2	96		
Total meats and meat substitutes.....	.....	119.74	54.32	4,370	5,650	2,877	
Milk.....	135	11.30	5.13	169	205	257		
Butter.....	136	27.13	12.31	123	10,463	.....	
Total dairy products.....	38.43	17.44	292	10,668	257		
Total animal food.....	158.17	71.76	4,662	16,318	3,134		

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<i>Vegetable food</i>						
Oatmeal.....	151	18.00	8.16	196	81	775
“.....	152	18.00	8.16	286	122	1,126
Cornmeal mush.....	163	11.50	5.22	89	15	715
“.....	164	11.75	5.33	91	16	725
“.....	165	14.50	6.58	105	20	835
Hominy.....	178	10.50	4.76	71	5	723
“.....	179	14.13	6.41	83	7	801
Total breakfast foods.....	.....	98.38	44.62	921	266	5,700
Bread.....	191	162.10	73.53	5,221	515	38,603
Total breads.....	.....	162.10	73.53	5,221	515	38,603
Pudding, bread.....	212	8.75	3.97	171	270	1,230
“ rice.....	230	9.00	4.08	73	45	539
“ cornstarch.....	218	12.25	5.56	100	161	884
“ tapioca.....	238	7.50	3.40	51	51	629
Boiled, rice.....	198	9.00	4.08	73	40	645
Ginger cake.....	252	7.50	3.40	221	364	1,945
Johnny cake.....	264	7.25	3.29	237	316	1,411
“.....	265	7.75	3.52	271	373	1,690
Dried apple sauce.....	280	11.00	4.99	10	15	923
“.....	281	10.50	4.76	10	14	900
Cherries.....	285	7.75	3.52	35	28	588
Sugar.....	291	38.55	17.49	.....	.....	17,490
Syrup.....	292	10.07	4.57	3,199
Total puddings, cakes, sauces, sugars, etc.....	146.87	66.63	1,252	1,677	32,073

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TABLE 89—Food Materials Served in Dietary Study No. 30, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams	Grams	
<i>Vegetable food—(Concluded)</i>									
Potatoes	324	9.00	4.08	102	4	853			
Beans, baked.....	293	69.25	31.41	2,356	911	7,098			
Peas.....	321	7.25	3.29	115	63	306			
".....	323	13.37	6.06	333	146	835			
Turnips	333	6.75	3.06	46	6	288			
Lettuce.....	318	.62	.28	3	1	8			
Beet greens.....	314	6.25	2.84	102	94	452			
Macaroni and cheese.....	347	11.50	5.22	235	172	945			
Dressing.....	342	9.75	4.42	115	181	561			
Pickles.....	328	2.25	1.02	5	3	28			
Total vegetables and vegetable substitutes .....	.....	135.99	61.68	3,412	1,581	11,374		
Total vegetable food.....	543.34	246.46	10,806	4,039	87,750			
Total food.....	701.51	318.22	15,468	20,357	90,884			

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Dried apple sauce.....	280	4.50	2.04	4	6	378
"	281	5.50	2.49	5	7	471
Cherries.....	285	6.00	2.72	27	22	451
Sugar.....	291	17.95	8.14	.....	.....	8,140
Syrup.....	292	4.68	2.12	.....	.....	1,481
Total puddings, cakes, sugars, etc .....	.....	80.90	36.69	775	1,011	16,375
Potatoes	324	3.75	1.70	43	2	355
Beans, baked	293	28.51	12.93	970	375	2,922
Peas.....	321	6.75	3.06	107	58	285
"	323	6.50	2.95	162	71	407
Turnips.....	333	3.50	1.59	24	3	149
Lettuce.....	318	.25	.11	1	.....	3
Beet greens.....	314	2.50	1.13	41	37	180
Macaroni and cheese.....	347	4.50	2.04	92	67	369
Dressing	342	7.00	3.18	83	130	404
Pickles.....	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes.....	.....	63.76	28.92	1,521	741	5,080
Total vegetable food.....	266.29	120.79	5,165	2,120	42,131
Total foods.....	336.92	152.83	7,660	9,594	43,360

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TABLE 90—Food Materials Rejected in Dietary Study No. 30, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT						
	Reference number	Total food			NUTRIENTS		
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
<i>Vegetable food—(Concluded)</i>							
Hominy.....	178	1.75	.79	13	Grams	Grams	
“.....	179	1.37	.62	8	1	1	
Total breakfast foods.....	.....	8.87	4.02	84	23	537
Bread.....	191	13.24	6.01	427	42	3,155	
Total bread.....	.....	13.24	6.01	427	42	3,155
Pudding, bread.....	230	1.00	.45	19	31	139	
“ tapioca.....	238	.38	.17	3	3	31	
Boiled rice.....	198	1.00	.45	8	5	71	
Ginger cake.....	252	.75	.34	22	36	194	
Johnny cake.....	264	.75	.34	25	33	146	
“.....	265	1.00	.45	35	48	216	
Dried apple sauce.....	280	.38	.17	.....	1	31
“ “.....	281	.63	.29	1	1	55	
Total puddings, cakes, sauces, sugars, etc.....	5.89	2.66	113	158	883	
Potatoes.....	324	3.38	1.53	38	2	320	
Beans, baked.....	293	8.76	3.97	298	115	897	

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Peas	323	1.13	.51	28	12	70
Turnips	333	2.00	.91	14	2	86
Beet greens	314	1.50	.68	25	22	108
Macaroni and cheese	347	2.25	1.02	46	34	185
Dressing	342	2.17	.98	26	40	124
Pickles	328	.75	.34	2	1	9
Total vegetables and vegetable substitutes .....	.....	21.94	9.94	477	228	1,799
Total vegetable food .....	.....	49.94	22.63	1,101	451	6,374
Total food .....	.....	63.94	28.97	2,169	1,568	6,517

Dieteries for Hospitals for the Insane

TABLE 91
*Nutrients and Energy per Person per day in Food Served, Rejected and Actually Eaten in Dietary No. 30,
 of 36-37 Male Patients, Recent Admissions, July 7-13, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
Meats and meat substitutes.....	17	4	13	22	4	18	11	1	10	319	58	261
Dairy products, etc.....	1	.....	1	42	.....	42	1	.....	1	399	.....	399
Total animal food.....	18	4	14	64	4	60	12	1	11	718	58	660
<i>Vegetable food</i>												
Breakfast foods	4	.....	4	1	.....	1	22	2	20	116	8	108
Breads	20	1	19	1	.....	1	151	12	139	710	53	657
Puddings, cakes, sauces, sugars, etc....	5	1	4	7	1	6	126	4	122	602	30	572
Vegetables and vegetable substitutes...	13	2	11	6	1	5	45	7	38	294	46	248
Total vegetable food	42	4	38	15	2	13	344	25	319	1,722	137	1,585
Total food.....	60	8	52	79	6	73	356	26	330	2,440	195	2,245

Dieteries for Hospitals for the Insane

TABLE 72									
Food Materials Served in Dietary Study No. 31, of 17 Male Patients, Acute and Sick Chronic, in Central Group, at St. Lawrence State Hospital, July 7-13, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		NUTRIENTS				Carbo- hydrates	
		Pounds	Kilograms	Protein	Fat	Grams			
<i>Animal food</i>									
Beef, roast.....	11	2.13	.97	398	74	.....	Grams		
Liver and bacon.....	41	1.75	.79	191	214	16	.....	
Pork, roast.....	27	7.63	3.46	626	2,298	.....	.....
" ham.....	29	1.75	.79	160	177	.....	.....
Fish, fresh.....	56	6.50	2.95	625	183	62	.....	
" creamed cod.....	64	6.25	2.84	253	62	222	.....	
Soup, English beef.....	74	9.50	4.31	.80	17	228	.....	
" pea.....	76	8.00	3.63	149	29	363	.....	
" tomato.....	81	10.00	4.54	32	41	209	.....	
Gravy.....	126	.75	.34	2	.....	16	.....	
Total meats and meat substitutes.....	.....	54.26	24.62	2,866	8,095	1,110	.....	
Milk.....	135	5.25	2.38	79	95	119	.....	
Butter.....	136	11.12	5.04	50	4,284	.....	.....
Total dairy products.....	.....	16.37	7.42	129	4,379	119	.....	
Total animal food.....	.....	70.63	32.04	2,495	7,474	1,239	.....	

TABLE 32

Food Materials Served in Dietary Study No. 81, of 17 Male Patients, Acute and Sick Chronic, in Central Group, at St. Lawrence State Hospital, July 7-13, 1899

Dieteries for Hospitals for the Insane

TABLE 92.—Food Materials Served in Dietary Study, etc.—(Concluded)

KIND OF FOOD MATERIALS	R e f e r e n c e number	W e i g h t					
		T o t a l f o o d		N U T R I E N T S			
				P r o t e i n	F a t	C a r b o - h y d r a t e s	
		P o u n d s	K i l o g r a m s	G r a m s	G r a m s	G r a m s	
<i>V e g e t a b l e f o o d</i>							
Oatmeal.....	151	7.75	3.52	85	35	334	
".....	152	8.50	3.86	135	58	533	
Corn meal mush.....	163	5.00	2.27	38	7	311	
".....	164	9.63	4.37	74	13	594	
".....	165	4.75	2.15	34	7	273	
Hominy.....	178	4.50	2.04	33	2	310	
".....	179	6.00	2.72	35	3	340	
Total breakfast foods.....	.....	46.13	20.93	434	125	2,695
Bread.....	191	75.50	34.25	2,432	240	17,981	
Total bread.....	.....	75.50	34.25	2,432	240	17,981
Pudding, bread.....	212	5.02	2.23	98	155	707	
" rice.....	230	6.00	2.72	49	30	359	
" cornstarch.....	218	5.75	2.61	47	76	415	
" tapioca.....	238	4.50	2.04	31	31	377	
Boiled rice.....	198	7.00	3.18	57	32	502	
Ginger cake.....	252	3.75	1.70	111	182	972	
Johnny cake.....	264	5.00	2.27	163	218	974	
".....	265	5.25	2.38	183	252	1,143	

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	280	4.50	2.04	4	6	378
Dried apple sauce.....	280	4.50	2.04	4	6	378
“	281	5.50	2.49	5	7	471
Cherries.....	285	6.00	2.72	27	22	451
Sugar.....	291	17.95	8.14	.....	.....	8,140
Syrup.....	292	4.68	2.12	.....	.....	1,484
Total puddings, cakes, sauces, sugars, etc .....	.....	80.90	36.69	775	1,011	16,375
Potatoes	324	3.75	1.70	43	2	355
Beans, baked.....	293	28.51	12.93	970	375	2,923
Peas.....	321	6.75	3.06	107	58	285
“	323	6.50	2.95	162	71	407
Turnips.....	333	3.50	1.59	24	3	149
Lettuce.....	313	.25	.11	1	.....	3
Beet greens.....	314	2.50	1.13	41	37	180
Macaroni and cheese.....	347	4.50	2.04	92	67	369
Dressing	342	7.00	3.18	83	130	404
Pickles.....	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes.....	.....	63.76	28.92	1,521	741	5,080
Total vegetable food.....	266.29	120.79	5,165	2,120	42,131
Total foods.....	336.92	152.83	7,660	9,594	43,860

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TABLE 94
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 31,
 of 17 Male Patients, Acute and Sick Chronic, July 7-18, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 20	Grams 1	Grams 19	Grams 26	Grams 1	Grams 25	Grams 9	Grams 9	Grams 9	Calories 361	Calories 18	Calories 348
Dairy products, etc.....	1	.....	1	37	.....	37	1	.....	1	353	.....	352
Total animal food	21	1	20	63	1	62	10	.....	10	713	13	700
<i>Vegetable food</i>												
Breakfast foods	4	.....	4	1	.....	1	22	.....	22	116	.....	116
Breads	20	1	19	2	.....	2	151	8	143	720	37	683
Puddings, cakes, sauces, etc....	6	.....	6	8	.....	8	138	2	136	664	8	656
Vegetables and vegetable substitutes...	13	1	12	7	1	6	43	2	41	295	22	273
Total vegetable food	43	2	41	18	1	17	354	12	342	1,795	67	1,798
Total food	54	3	61	81	2	79	364	12	352	2,508	80	2,498

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Vegetable food						
Oatmeal	151	1.25	.57	14	6	54
"	152	6.25	2.84	99	43	392
Cornmeal mush	163	5.00	2.27	39	7	311
"	164	3.50	1.59	27	5	216
Hominy	178	5.25	2.38	38	2	362
"	179	4.25	1.93	25	2	241
Total breakfast foods.....	.....	25.50	11.58	242	65	1,576
Bread.....	191	19.98	9.06	643	63	4,756
Total breads.....	.....	19.98	9.06	643	63	4,756
Pudding, bread	212	2.75	1.25	54	85	387
" rice.....	230	5.87	2.66	48	29	351
" cornstarch	218	.75	.34	6	10	54
" tapioca.....	238	2.25	1.02	15	15	189
Boiled rice.....	198	8.25	3.74	67	37	591
Ginger cake	252	1.75	.79	51	85	453
Johnny cake.....	264	.50	.23	17	22	99
Dried apple sauce	280	.25	.11	.....	.....	20
"	281	1.25	.57	.....	2	108
Total puddings, cakes, sauces, sugars, etc.....	.....	23.62	10.71	259	285	2,252
Potatoes	324	2.50	1.13	28	1	236
Beans, baked	293	23.62	10.71	803	311	2,420
Peas	323	.50	.23	13	6	32
Turnips	333	1.75	.79	12	2	74
Lettuce	318	1.00	.45	5	1	13

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TABLE 96.—Food Materials Rejected in Dietary Study No. 32, etc.—(Concluded)

KIND OF FOOD MATERIALS	References number.	WEIGHT					
		Total food		NUTRIENTS.			
				Protein.	Fat.	Carbo- hydrates.	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Concluded)</i>							
Macaroni and cheese.....	347	.75	.34	15	11	62	
Pickles.....	328	2.12	.96	5	3	26	
Total vegetables and vegetable substitutes.....	.....	32.24	14.61	881	335	2,863	
Total vegetable food.....	101.34	45.96	2,025	748	11,447	
Total food.....	141.58	64.21	5,251	2,727	12,015	

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" cornstarch.....	218	50.00	22.68	408	658	3,606
" tapioca.....	238	37.00	16.78	252	252	3,104
Boiled rice.....	198	79.25	35.95	647	860	5,680
Ginger cake.....	252	45.50	20.64	1,341	2,209	11,805
Johnny cake.....	264	23.00	10.43	751	1,001	4,474
Coffee cake.....	245	13.00	5.90	413	625	3,003
Dried apple sauce.....	280	42.50	19.28	39	58	3,566
"	281	41.25	18.71	37	56	3,536
Sugar.....	291	37.25	16.90	.....	.....	16,900
Syrup.....	292	137.50	62.37	.....	.....	43,659
Total puddings, cakes, sauces, sugars, etc.....	.....	629.00	285.32	5,401	6,995	110,314
Potatoes.....	324	32.75	14.86	371	15	3,106
Beans, baked.....	298	251.50	114.08	8,556	3,308	25,780
Peas.....	321	41.50	18.82	659	358	1,750
"	323	34.75	15.76	867	378	2,175
Turnips.....	333	26.50	12.02	180	24	1,130
Lettuce.....	318	7.75	3.52	42	11	102
Macaroni and cheese.....	347	30.00	13.61	612	449	2,463
Dressing.....	342	44.00	19.96	519	818	2,535
Pickles.....	328	27.50	12.47	62	37	337
Total vegetables and vegetable substitutes.....	.....	496.25	225.10	11,868	5,398	39,378
Total vegetable food.....	2,174.73	986.47	43,706	15,618	341,134
Total food.....	3,159.03	1,432.95	102,494	65,394	359,818

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TABLE 96
Food Materials Rejected in Dietary Study No. 32, of 108 Male Patients, Chronic, Active Workers, in Central Group at St. Lawrence State Hospital, July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast	11	14.62	6.63	2,035	504	.....
" corned	19	1.50	.68	179	127	.....
Liver and bacon	41	1.50	.68	165	184	8
Pork, roast	27	3.00	1.36	246	903	.....
" ham	29	.25	.11	22	25	.....
Fish, creamed cod	64	2.62	1.19	106	26	93
Hashed meat	43	1.50	.68	188	100	.....
Soup, English beef	74	5.00	2.27	16	9	120
" tomato	81	6.00	2.72	19	25	125
Hash	117	4.25	1.93	250	76	222
Total meats and meat substitutes	40.24	18.25	3,226	1,979	568
Total animal food	40.24	18.25	3,226	1,979	568

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Milk	135	221.70	100.56	3,319	4,022	5,028
Butter	136	74.37	33.73	337	28,670
Total dairy products.....	296.07	134.29	3,656	32,692	5,028
Total animal food.....	.....	949.81	430.84	33,037	60,653	19,110
<i>Vegetable food</i>						
Oatmeal.....	151	54.50	24.72	593	247	2,348
"	152	30.50	13.84	484	208	1,910
Cornmeal mush	163	44.25	20.07	341	60	2,749
"	164	56.50	25.63	436	77	3,485
"	165	53.00	24.04	385	72	3,053
Hominy	178	50.00	22.68	363	23	3,447
"	179	32.25	14.63	190	15	1,829
Total breakfast foods .....	.....	321.00	145.61	2,792	702	18,821
Bread.....	191	838.75	380.46	27,013	2,663	199,742
Total breads.....	.....	838.75	380.46	27,013	2,663	199,742
Pudding, bread	212	40.00	18.14	780	1,233	5,622
" rice	230	48.25	21.89	394	241	2,889
" cornstarch	218	35.50	16.10	290	467	2,559
" tapioca.....	238	35.50	16.10	242	242	2,978
Boiled rice	198	39.00	17.69	318	177	2,795
Ginger cake	252	40.50	18.37	1,194	1,965	10,507
Johnny cake.....	264	35.50	16.10	1,159	1,545	6,906
"	265	34.00	15.42	1,187	1,634	7,401
Dried apple sauce	280	39.13	17.75	36	53	3,283

Dieteries for Hospitals for the Insane

TABLE 96.—*Food Materials Rejected in Dietary Study No. 32, etc.*—(Concluded)

KIND OF FOOD MATERIALS	Reference number.	WEIGHT					NUTRIENTS.		
		Total food			Protein.	Fat.	Carbo-hydrates.		
		Pounds	Kilograms	Grams					
<i>Vegetable food—(Concluded)</i>									
Macaroni and cheese.....	347	.75	.34	15	11	62			
Pickles.....	328	2.12	.96	5	3	26			
Total vegetables and vegetable substitutes.....	.....	32.24	14.61	881	335	2,863		
Total vegetable food.....	101.34	45.96	2,025	748	11,447			
Total food.....	141.58	64.21	5,251	2,727	12,015			

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TABLE 97
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 32, of
 108 Male Patients, Chronic, Active Workers, July 7-13, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes	Grams 75	Grams 4	Grams 71	Grams 44	Grams 3	Grams 41	Grams 21	Grams 1	Grams 20	Calories 803	Calories 48	Calories 755
Dairy products, etc	3	.....	3	22	.....	22	4	.....	4	233	.....	233
Total animal food	78	4	74	66	3	63	25	1	24	1,036	48	988
<i>Vegetable food</i>												
Breakfast foods	4	.....	4	1	.....	1	27	2	25	136	8	128
Breads	31	1	30	4	.....	4	226	6	220	1,091	29	1,062
Puddings, cakes, sauces, sugars, etc.	7	.....	7	9	.....	9	146	3	143	711	12	699
Vegetables and vegetable substitutes	16	2	14	7	1	6	52	4	48	344	34	310
Total vegetable food	58	3	55	21	1	20	451	15	436	2,382	83	2,199
Total food	136	7	129	87	4	83	476	16	460	3,318	131	3,187

TABLE 98
*Food Materials Served in Dietary Study No. 33, 152 to 153 Male Patients, Acute and Chronic, in Central
 Group at St. Lawrence State Hospital, July 7-13, 1899*

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KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates	Grams	
		Pounds	Kilograms	Grams					
<i>Animal food</i>									
Beef, roast.....	11	54.62	24.78	7,608	1,883				
" corned	19	25.50	11.57	3,043	2,164				
Liver and bacon.....	41	19.50	8.85	2,142	2,399			106	
Pork, roast	27	51.37	23.30	4,217	15,471				
" bacon.....	38	7.75	3.52	630	2,513				
Fish, fresh.....	56	56.50	25.63	5,433	1,589			538	
" creamed cod	64	87.50	39.69	3,532	873			3,096	
Soup, English beef	74	117.25	53.18	372	213			2,819	
" pea	76	107.75	48.88	2,004	391			4,888	
" tomato.	81	112.50	51.03	357	459			2,347	
Gravy	126	13.50	6.12	43	6			288	
Total meats and meat substitutes.....	653.74	296.55	29,381	27,961			14,082	

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Potatoes	324	9.87	4.48	112	4	936
Beans, baked	293	18.75	8.51	638	247	1,923
Peas	323	1.25	.57	31	14	79
Turnips	333	2.87	1.30	20	3	122
Macaroni and cheese	347	3.50	1.59	72	53	248
Pickles	328	1.13	.51	3	2	14
Total vegetables and vegetable substitutes .....	.....	37.37	16.96	876	323	3,362
Total vegetable food	143.95	65.29	2,709	964	16,774
Total food	174.08	78.96	4,762	3,207	17,426

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TABLE 93—Food Materials Served in Dietary Study No. 33, etc.—(Concluded)

KIND OF FOOD MATERIALS	WEIGHT						
	Reference number	Total food			NUTRIENTS		
		Pounds	Kilograms	Grams	Protein	Fat	Carbo- hydrates
<i>Vegetable food—(Concluded)</i>							
Dried apple sauce	281	17.25	7.82	16	Grams	23	Grams
Sugar	291	41.25	18.71	.....	.....	.....	1,478
Syrup	292	91.50	41.50	.....	.....	.....	18,710
Total puddings, cakes, sauces, sugars, etc .....	.....	497.38	225.59	5,616	7,580	.....	29,050
Potatoes	324	46.50	21.09	527	.....	.....	94,178
Beans, baked	293	262.50	119.07	8,930	21	.....	4,408
Peas	321	42.50	19.28	674	3,453	.....	26,905
"	323	43.00	19.05	1,048	366	.....	1,793
Turnips	338	29.75	13.50	203	457	.....	2,628
Lettuce	318	925	4.20	50	27	.....	1,269
Macaroni and cheese	347	28.03	12.73	573	13	.....	122
Dressing	342	38.00	17.24	448	420	.....	2,304
Pickles	338	7.13	3.23	16	707	.....	2,189
Total vegetables and vegetable substitutes .....	.....	505.66	229.39	12,469	10	.....	87
Total vegetable food	2,162.79	981.05	47,890	5,474	41,705
Total food	3,112.60	1,411.89	80,927	16,419	854,446
				77,072	378,566

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TABLE 99
Food Materials Rejected, Dietary Study No. 83, 152 to 153 Male Patients, Acute and Chronic, in Central Group at St. Lawrence State Hospital, July 7 3, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo-hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms	Grams	Grams	Grams	Grams
<i>Animal food</i>							
Beef, roast.....	11	6.00	2.72	835	207	.....	.....
" corned.....	19	1.88	.85	224	159	.....	.....
Pork, roast.....	27	3.12	1.42	257	943	.....	.....
" bacon.....	38	2.50	1.13	202	807	.....	.....
Fish, creamed cod.	64	10.38	4.71	419	104	.....	367
Soup, pea.....	76	6.25	2.84	116	23	.....	284
Total meats and meat substitutes.....	.....	30.13	13.67	2,053	2,243	.....	650
Total animal food.....	.....	30.13	13.67	2,053	2,243	.....	651
<i>Vegetable food</i>							
Oatmeal.....	151	5.00	2.27	55	23	.....	216
".....	152	11.37	5.16	181	77	712
Cornmeal mush.....	163	1.00	.45	8	1	62
".....	164	11.25	5.10	87	15	693
".....	165	8.25	3.74	60	11	475

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TABLE 99—Food Materials Served in Dietary Study No. 38, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS.		
		Pounds	Kilograms	Protein Grams	Fat Grams	Carbo- hydrates Grams
<i>Vegetable food—(Concluded)</i>						
Hominy.....	178	12.50	5.67	90	6	862
".....	179	13.12	5.95	77	6	744
Total breakfast foods.....	.....	62.49	28.34	558	139	3,764
Bread.....	191	81.10	14.11	1,002	99	7,408
Total bread.....	.....	81.10	14.11	1,002	99	7,408
Pudding, bread.....	212	1.00	.45	19	31	139
" cornstarch.....	218	.92	.28	5	8	45
" tapioca.....	238	1.75	.79	12	12	146
" rice.....	280	1.75	.79	14	9	104
Boiled rice.....	198	.75	.34	6	3	54
Ginger cake.....	262	5.37	2.44	159	261	1,396
Johnny cake.....	264	1.00	.45	32	43	193
".....	265	.75	.34	26	36	163
Total puddings, cakes, sauces, sugars, etc.....	12.99	5.88	273	408	2,240

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Potatoes	931	9.87	4.48	112	4	936
Beans, baked	293	18.75	8.51	638	247	1,923
Peas	823	1.25	.57	31	14	79
Turnips	333	2.87	1.30	20	8	122
Macaroni and cheese	347	3.50	1.59	72	58	238
Pickles	328	1.13	.51	3	2	14
Total vegetables and vegetable substitutes .....	.....	37.37	16.96	876	323	3,362
Total vegetable food .....	.....	143.95	65.29	2,709	964	16,774
Total food .....	.....	174.08	78.96	4,762	3,207	17,425

Dieteries for Hospitals for the Insane

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes	Grams 28	Grams 2	Grams 26	Grams 26	Grams 2	Grams 24	Grams 18	Grams 1	Grams 13	Calories 410	Calories 31	Calories 379
Dairy products, etc.	3	.....	3	31	.....	31	5	.....	5	331	.....	331
Total animal food	31	2	29	57	2	55	18	1	17	731	31	700
<i>Vegetable food</i>												
Breakfast foods ..	3	1	2	1	.....	1	18	3	15	95	16	79
Breads	25	1	24	2	.....	2	187	3	179	888	37	851
Puddings, cakes, sauces, sugars, etc.	5	.....	5	7	1	6	88	2	86	446	17	429
Vegetables and vegetable substitutes ..	13	1	11	5	.....	5	39	3	36	266	17	239
Total vegetable food	45	3	42	15	1	14	332	16	316	1,635	87	1,598
Total food	76	5	71	72	3	69	350	17	333	2,416	118	2,298

TABLE 100

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 38,
of 152-153 Male Patients, Acute and Chronic, July 7-13, 1899

Dieteries for Hospitals for the Insane

TABLE 101									
Food Materials Served in Dietary Study No. 34, 51 Female Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, July 7-13, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		NUTRIENTS					
				Protein	Fat	Carbo- hydrates			
<i>Animal food</i>									
Beef, roast	11	Pounds 4.00	Kilograms 1.81	Grams 556	Grams 137	Grams.....	.....	.....	.....
Liver and bacon	41	4.50	2.04	494	553	24	.....	.....	.....
Pork, roast	27	10.12	4.59	831	3,047	.....	.....	.....	.....
" ham	29	3.50	1.59	321	356	.....	.....	.....	.....
Fish, weak	56	7.25	3.29	697	204	69	.....	.....	.....
" creamed cod	64	10.38	4.71	419	104	367	.....	.....	.....
Soup, English beef	74	15.50	7.03	49	28	373	.....	.....	.....
" pea	76	20.00	9.07	372	72	907	.....	.....	.....
" tomato	81	15.13	6.86	48	62	316	.....	.....	.....
Gravy	126	2.50	1.13	8	1	53	.....	.....	.....
Total meats and meat substitutes .....	.....	92.88	42.12	3,795	4,564	2,109	.....	.....	.....
<i>Dairy products</i>									
Milk	135	15.80	7.17	287	287	358	.....	.....	.....
Butter	136	29.34	13.26	133	11,270	.....	.....	.....	.....
Total dairy products .....	.....	45.04	20.43	370	11,557	358	.....	.....	.....
Total animal food .....	.....	137.92	62.55	4,165	16,121	2,467	.....	.....	.....

TABLE 101

Food Materials Served in Dietary Study No. 34, 51 Female Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, July 7-13, 1899

Dietaries for Hospitals for the Insane

TABLE 101.—Food Materials Served in Dietary Study No. 34, etc.—(Concluded)

KIND OF FOOD MATERIALS	Refer nce number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates		
		Pounds	Kilograms	Grams					
<i>Vegetable food</i>									
Oatmeal.....	151	13.00	5.90	143	59	561			
“.....	152	11.00	4.99	175	75	688			
Cornmeal mush.....	163	9.00	4.08	69	12	559			
“.....	164	6.75	3.06	52	9	416			
“.....	165	12.63	5.73	92	17	728			
Hominy.....	178	16.00	7.26	116	7	1,103			
“.....	179	8.00	3.63	47	4	454			
Total breakfast foods.....		76.38	34.65	693	183	4,509			
Bread.....		107.20	48.63	8,453	340	25,530			
Total breads.....		107.20	48.63	8,453	340	25,530			
Pudding, bread.....		8.50	3.86	166	262	1,196			
“ rice.....	230	9.50	4.31	78	47	569			
“ cornstarch.....	218	10.00	4.54	82	182	723			
“ tapioca.....	238	1.50	.68	10	10	126			
Boiled rice.....	198	9.00	4.08	73	40	645			
Ginger cake.....	262	5.50	2.49	162	266	1,424			
Johnny cake.....	264	8.50	3.86	278	371	1,656			
“.....	265	6.25	2.84	319	301	1,368			

Dietaries for Hospitals for the Insane

	280	10.35	4.65	9	14	860
Dried apple sauce	280	10.35	4.65	9	14	860
" "	281	10.18	4.60	9	14	869
Cherries.....	285	12.63	5.73	57	46	957
Sugar	291	29.35	13.27	.....	.....	13,270
Total puddings, cakes, sauces, sugars, e'c.....	.....	121.01	54.91	1,143	1,503	23,657
Potatoes	324	11.25	5.10	128	5	1,066
Beans, baked.....	293	60.25	27.33	2,050	792	6,176
Peas	321	9.00	4.08	143	78	379
"	323	11.63	5.28	290	127	729
Turnips	323	4.75	2.15	32	4	203
Lettuce	318	3.25	1.47	18	4	43
Beet greens.....	314	6.25	2.84	102	94	452
Macaroni and cheese.....	347	3.18	1.42	64	47	257
Dressing	342	10.50	4.76	124	195	604
Pickles	328	1.25	.57	3	2	15
Total vegetables and vegetable substitutes.....	.....	121.36	55.00	2,954	1,348	9,924
Total vegetable food.....	.....	425.85	193.19	8,243	3,374	63,620
Total food.....	.....	563.77	255.74	12,408	19,495	66,087

Dieteries for Hospitals for the Insane

TABLE 102									
Food Materials Rejected in Dietary Study No. 34, of 51 Female Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, July 7-13, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food		Protein			NUTRIENTS		
		Pounds	Kilograms	Grams	Fat	Grams	Carbo-hydrates	Grams	
<i>Animal food</i>									
Beef, roast	11	2.00	.91	279	69	.....	.....	.....	.....
Liver and bacon	41	1.35	.57	138	154	.....	.....	.....	.....
Pork, roast	27	3.25	1.47	266	976	.....	.....	.....	.....
" ham	29	.62	.28	57	62	.....	.....	.....	.....
Fish, weak	56	3.50	1.13	240	70	.....	.....	.....	.....
" creamed cod	64	3.50	1.59	142	35	.....	.....	.....	.....
Total meats and meat substitutes	.....	13.12	5.95	1,122	1,366	.....	.....	.....	.....
Total animal food	.....	13.12	5.95	1,122	1,366	.....	.....	.....	.....
<i>Vegetable food</i>									
Oatmeal	151	2.25	1.02	25	10	.....	.....	.....	.....
"	152	1.88	.85	30	13	.....	.....	.....	.....
Cornmeal mush	163	3.00	1.36	23	4	.....	.....	.....	.....
"	164	2.75	1.25	21	4	.....	.....	.....	.....
"	165	1.75	.79	13	2	.....	.....	.....	.....
Hominy	178	1.25	.57	9	1	.....	.....	.....	.....
Total breakfast food	.....	12.88	5.84	121	34	.....	.....	.....	.....

TABLE 103

Food Materials Rejected in Dietary Study No. 34, of 51 Female Patients, Recent Admissions, in Central Group at St. Lawrence State Hospital, July 7-13, 1899

Dieteries for Hospitals for the Insane

	191	19.49	8.84	628	62	4,641
Bread.....	.....	19.49	8.84	628	62	4,641
Total breads.....	.....	19.49	8.84	628	62	4,641
Pudding, bread.....	212	.50	.23	10	16	71
" rice.....	230	.75	.34	6	4	45
" cornstarch.....	218	1.00	.45	8	13	72
" tapioca.....	238	.25	.11	2	2	20
Boiled rice.....	198	2.50	1.13	20	11	179
Ginger cake.....	253	1.00	.45	29	48	257
Johany cake.....	264	.75	.34	25	33	146
" 	265	1.38	.62	48	66	298
Dried apple sauce.....	280	2.00	.91	2	3	168
" " 	281	.87	.39	1	1	74
Total puddings, cakes, sauces, sugars, etc.....	.....	11.00	4.97	151	197	1,330
Potatoes.....	324	3.25	1.47	37	1	307
Beans, baked.....	293	17.12	7.77	583	225	1,756
Peas.....	321	1.87	.62	22	12	58
" 	323	1.00	.45	25	11	63
Turnips.....	333	2.25	1.02	15	2	96
Beet greens.....	314	2.25	1.02	37	34	162
Dressing.....	342	3.75	1.70	44	70	216
Pickles.....	328	.50	.23	1	1	6
Total vegetables and vegetable substitutes.....	.....	31.49	14.28	764	356	2,663
Total vegetable food.....	.....	74.86	33.93	1,664	649	9,391
Total food.....	.....	87.98	39.88	2,786	2,015	9,546

Dieteries for Hospitals for the Insane

TABLE 103
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 34, of 51
 Female Patients, Recent Admissions, July 7-13, 1899*

CHARACTER OF FOOD	Protein			Fat			Carbohydrates			Energy		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	11	3	8	13	4	9	6	1	5	191	54	137
Dairy products, etc.....	1	.....	1	32	.....	32	1	.....	1	306	.....	306
Total animal food.....	12	3	9	45	4	41	7	1	6	497	54	443
<i>Vegetable food</i>												
Breakfast foods.....	2	.....	2	.....	.....	.....	13	2	11	61	8	53
Breads.....	10	2	8	1	.....	1	71	13	58	341	62	279
Puddings, cakes, sauces, sugars, etc.....	3	1	2	4	1	3	66	3	63	320	25	295
Vegetables and vegetable substitutes...	8	2	6	4	1	3	28	8	20	185	50	135
Total vegetable food.....	23	5	18	9	2	7	178	26	152	907	145	762
Total food.....	35	8	27	54	6	48	185	27	158	1,404	199	1,205

Dieteries for Hospitals for the Insane

	191	21.51	9.76	693	68	5,124
<i>Bread</i>,.....	.....	21.51	9.76	693	68	5,124
Total breads.....	.....	21.51	9.76	693	68	5,124
Pudding, bread.....	212	2.00	.91	39	62	282
" rice.....	230	.75	.34	6	4	45
" cornstarch.....	218	1.62	.73	13	21	116
Boiled rice.....	198	.75	.34	6	3	54
Ginger cake.....	252	.62	.28	18	30	160
Johnny cake.....	264	.75	.34	25	33	146
"	265	.62	.28	22	30	134
Dried apple sauce.....	280	.75	.34	1	1	63
Prunes	286	2.00	.91	5	1	203
Cherries.....	285	.37	.17	2	1	28
Total puddings, cakes, sauces, sugars, etc.....	.....	10.23	4.64	137	186	1,231
Potatoes	324	1.62	.73	18	1	153
Beans, baked.....	293	6.75	3.06	230	89	692
Peas	321	.50	.23	8	4	21
"	323	1.25	.57	31	14	79
Turnips.....	333	.87	.39	6	1	37
Beet greens.....	314	.75	.34	12	11	54
Macaroni and cheese.....	347	1.37	.62	28	21	112
Dressing	342	7.38	3.35	87	137	425
Pickles.....	328	.25	.11	1	.....	3
Total vegetables and vegetable substitutes. ....	.....	20.74	9.40	421	278	1,576
Total vegetable food.....	.....	57.11	25.90	1,294	545	8,194
Total food.....	.....	64.95	29.45	2,074	1,165	8,240

Dietaries for Hospitals for the Insane

TABLE 104—Food Materials Served in Dietary Study No. 35, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						
		Total food		NUTRIENTS				
				Protein	Fat	Carbo- hydrates		
						Grams	Grams	Grams
<i>Vegetable food</i>		Pounds	Kilograms	Grams	Grams	Grams	Grams	
Oatmeal.....	151	8.00	3.63	87	36		345	
".....	152	7.75	3.52	123	53		486	
Cornmeal mush.....	163	3.25	1.47	25	4		201	
".....	164	5.00	2.27	39	7		309	
".....	165	7.50	3.40	54	10		432	
Hominy.....	178	4.75	2.15	34	2		827	
".....	179	3.75	1.70	22	2		212	
Total breakfast foods.....	.....	40.00	18.14	384	114		2,312
Bread.....	191	50.14	22.74	1,615	159		11,938	
Total breads.....	.....	50.14	22.74	1,615	159		11,938
Pudding, bread.....	212	6.75	3.06	132	208		948	
" rice.....	230	5.75	2.61	47	29		344	
" cornstarch.....	213	7.25	3.29	59	95		523	
" tapioca.....	238	11.00	4.99	75	75		923	
Boiled rice.....	198	4.00	1.81	33	18		286	
Ginger cake.....	252	5.00	2.27	148	243		1,298	
Johnny cake.....	264	4.25	1.93	139	185		823	
".....	265	3.88	1.76	186	187		845	

Dieteries for Hospitals for the Insane

Dried apple sauce	280	5.50	2.49	5	7	461
Prune,	286	7.00	3.18	16	3	709
Cherries	285	6.00	2.72	27	22	454
Sugar	291	22.00	9.98	.....	.....	9,980
Syrup	292	1.75	.79	.....	.....	553
Total puddings, cakes, sauces, sugars, etc.....	.....	90.13	40.88	817	1,072	18,152
Potatoes	324	6.00	2.72	68	3	568
Beans, baked	293	36.50	16.56	1,242	480	3,742
Peas	321	4.00	1.81	63	34	168
"	323	6.25	2.84	156	68	392
Turnips	333	2.75	1.25	19	3	117
Lettuce	318	.50	.23	3	1	7
Beet greens	314	3.63	1.65	59	54	262
Macaroni and cheese	347	6.75	3.06	138	101	554
Dressing	342	9.00	4.08	106	167	518
Pickles	398	1.00	.45	2	1	12
Total vegetables and vegetable substitutes .....	.....	76.38	34.65	1,856	912	6,340
Total vegetable food .....	.....	256.65	116.41	4,672	2,257	38,742
Total food .....	.....	344.90	156.44	7,214	9,894	40,693

Dieteries for Hospitals for the Insane

TABLE 105
Food Materials Rejected in Dietary Study No. 35, of 21 Female Patients, Acute and Sick Chronic, in Central Group at St. Lawrence State Hospital, July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrates.		
		Pounds	Kilograms	Grams					
								Grams	
<i>Animal food</i>									
Beef, roast	11	.75	.34	104	26	.....	.....	.....	5
Liver and bacon	41	1.00	.45	109	121	.....	.....	.....	.....
Pork, roast	27	.84	.38	69	252	.....	.....	.....	.....
" ham	29	1.00	.45	91	101	.....	.....	.....	.....
Fish, weak	56	4.25	1.93	407	120	.....	.....	.....	41
Total meats and meat substitutes	.....	7.84	3.55	780	620	.....	.....	.....	46
Total animal food	.....	7.84	3.55	780	620	.....	.....	.....	46
<i>Vegetable food</i>									
Oatmeal	151	1.00	.45	11	5	.....	.....	.....	43
"	152	.63	.29	10	4	.....	.....	.....	40
Cornmeal mush	163	.50	.23	4	1	.....	.....	.....	32
"	164	.75	.34	6	1	.....	.....	.....	46
"	165	.50	.23	4	1	.....	.....	.....	29
Hominy	178	.25	.11	2	17
"	179	1.00	.45	6	1	56
Total breakfast foods	4.63	2.10	43	13	263

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.....	280	26.25	11.91	24	5,655	64,513
Dried apple sauce.....	281	23.00	10.43	36	8	1,611
".....				31	1,743	13,582
Sugar.....	291	34.25	15.54	.....	220	1,076
Syrup.....	292	40.75	18.48	.....	313	1,800
.....				.....	19	896
Total puddings, cakes, sauces, sugars, etc.....		378.88	171.88	4,247	5,655	64,513
Potatoes.....	324	17.00	7.71	193	8	1,611
Beans, baked.....	293	132.50	60.10	4,507	1,743	13,582
Peas.....	321	25.50	11.57	405	220	1,076
".....	323	28.75	13.04	717	313	1,800
Turnips.....	333	21.00	9.53	143	19	896
Lettuce.....	318	.75	.34	4	1	10
Beet greens.....	314	16.50	7.48	269	247	1,189
Macaroni and cheese.....	347	19.25	8.73	393	288	1,580
Dressing.....	342	1,875	8.51	221	349	1,081
Pickles.....	328	4.00	1.81	9	5	49
Total vegetables and vegetable substitutes.....		284.00	128.82	6,861	3,193	22,874
Total vegetable food.....		1,146.62	520.13	23,053	12,308	170,121
Total food.....		1,579.77	716.61	37,497	39,609	180,137

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TABLE 106
Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 35, of 21 Female Patients, Acute and Sick Chronic, July 7-13, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	16	5	11	17	4	13	13	.....	13	273	58	315
Dairy products, etc.....	1	.....	1	35	.....	35	1	.....	1	334	.....	334
Total animal food.....	17	5	12	52	4	48	13	.....	13	607	58	549
<i>Vegetable food</i>												
Breakfast foods	2	.....	2	1	.....	1	16	2	14	83	8	75
Breads	11	5	6	1	1	.....	83	85	47	391	174	217
Puddings, cakes, sauces, sugars, etc....	6	1	5	7	1	6	128	8	115	594	46	548
Vegetables and vegetable substitutes..	13	3	10	6	2	4	43	11	33	285	76	309
Total vegetable food.....	32	9	23	15	4	11	264	56	208	1,358	304	1,049
Total food.....	49	14	35	67	8	59	277	56	231	1,960	362	1,598

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TABLE 107									
Food Materials Served in Dietary Study No. 36, of 86 to 87 Female Patients, Chronic, Active and Disturbed, in Central Group, at St. Lawrence State Hospital, July 7-13, 1899									
KIND OF FOOD MATERIALS	Reference number	WEIGHT							
		Total food			NUTRIENTS			Carbo- hydrates	
		Pounds	Kilograms	Grams	Protein	Fat	Grams		
<i>Animal food</i>									
Beef, roast.	11	17.25	7.82	2,400	595				
" corned	19	8.50	3.86	1,015	722				
Liver and bacon	41	11.50	5.22	1,263	1,415				
Pork, roast.	27	27.50	12.47	2,257	8,280				
Fish, weak	29	12.75	5.78	1,225	358				
" creamed cod	64	51.25	23.25	2,069	511				
Soup, English, beef	74	58.25	26.42	185	106				
" pea	76	47.50	21.55	884	172				
" tomato	81	52.00	23.59	165	212				
Hash	117	28.25	12.82	1,667	500				
Gravy	126	9.00	4.08	29	4				
Total meats and meat substitutes.	.....	323.75	146.86	13,159	12,875				
Milk	135	75.53	34.26	1,131	1,870				
Butter	136	33.87	15.36	154	13,056				
Total dairy products.	.....	109.40	49.62	1,285	14,426				
Total animal food	.....	433.15	196.48	14,444	27,301				

TABLE 107

Food Materials Served in Dietary Study No. 36, of 86 to 87 Female Patients, Chronic, Active and Disturbed, in Central Group, at St. Lawrence State Hospital, July 7-13, 1899

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TABLE 109
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 36, of
 86 to 87 Female Patients, Chronic, Active and Disturbed, July 7-13, 1899*

CHARACTER OF FOOD	PROTEIN			FAT		CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>											
Meats and meat substitutes.....	Grams 22	Grams 1	Grams 21			Grams 21			Calories 338	Calories 13	Calories 325
Dairy products, etc.....	2	.....	2			24			244	.....	244
Total animal food.....	24	1	23	45					582	13	569
<i>Vegetable food</i>											
Breakfast foods	3	.....	3	1		17	1	16	91	4	87
Breads	17	1	16	5		119	10	109	604	45	559
Puddings, cake, sauces, sugars, etc.....	7	.....	7	9		107	2	105	551	8	543
Vegetables and vegetable substitutes..	11	1	10	5	1	38	2	36	248	22	226
Total vegetable food	38	2	36	20	1	281	15	266	1,494	79	1,415
Total food	62	3	59	65	2	297	15	282	2,076	92	1,984

TABLE 110

Food Materials Served in Dietary Study No. 37, of 155 Female Patients, Chronic, in Central Group, at St. Lawrence State Hospital, July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Protein	Fat	Carbo- hydrate,		
		Pounds	Kilograms	Grams					
<i>Animal food</i>									
Beef, roast.....	11	16.00	7.26	2,229	552		Grams		
" corned.....	19	17.50	7.94	2,088	1,485		.....	
Liver and bacon.....	41	14.25	6.46	1,563	1,751		78		
Pork, roast.....	27	41.25	18.71	3,386	12,424		.....	
Fish, weak.....	56	20.50	9.30	1,972	577		195		
" creamed cod.....	64	76.88	34.87	3,104	767		2,720		
Soup, English beef.....	74	87.00	39.46	276	158		2,091		
" pea.....	76	77.00	34.93	1,432	279		3,493		
" tomato.....	81	76.75	34.81	244	313		1,601		
Gravy.....	126	7.38	3.35	23	3		158		
Total meats and meat substitutes.....	.....	434.51	197.09	16,317	18,309		10,336	
Milk.....	135	111.00	50.35	1,661	2,014		2,518		
Butter.....	136	68.24	30.95	310	26,304		.....	
Total dairy products.....	179.24	81.30	1,971	28,318		2,518		
Total animal food.....	613.75	278.39	18,288	46,627		12,854		

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TABLE 108
Food Materials Rejected in Dietary Study No. 36, of 86 to 87 Female Patients, Chronic, Active and Disturbed in Central Group at St. Lawrence State Hospital, July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.....	11	1.37	.62	190	47	.....
" corned	19	.25	.11	29	21	.....
Liver and bacon	41	1.62	.73	177	198	9
Pork, roast	27	.50	.23	42	153	.....
Fish, cleaned cod	64	2.12	.96	85	21	75
Hash	117	3.00	1.36	177	53	156
Total meats and meat substitutes.....	.....	8.86	4.01	700	493	240
Total animal food.....	.....	8.86	4.01	700	493	240
<i>Vegetable food</i>						
Oatmeal.....	151	1.25	.57	14	6	54
"	152	2.00	.91	32	13	126
Cornmeal mush	163	1.75	.79	13	3	108
"	165	2.63	1.19	19	4	151

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Dietaries for Hospitals for the Insane

"	265	33.50	15.20	1,170	1,611	7,295
"	280	38.50	17.46	35	52	3,230
Dried apple sauce	281	36.50	16.56	33	50	3,130
"	291	32.50	14.74	.....	.....	14,740
Sugar	292	19.00	8.62	.....	.....	6,034
Syrup	.....	439.61	199.42	5,582	7,477	68,906
Total puddings, cakes, sauces, sugars, etc.	324	34.00	15.42	385	15	3,223
Potatoes	293	239.00	108.41	8,031	3,144	24,500
Beans, baked	321	40.00	18.14	635	345	1,687
Peas	323	42.50	19.28	1,060	463	2,660
"	333	25.00	11.34	170	23	1,066
Turnips	318	17.75	8.05	97	24	233
Lettuce	347	26.87	13.10	589	432	2,371
Macaroni and cheese	342	29.50	13.38	348	549	1,699
Dressing	328	6.00	2.72	14	8	73
Pickles	.....	462.62	209.84	10,329	5,003	37,512
Total vegetables and vegetable substitutes	.....	1722.89	781.52	36,568	14,912	248,764
Total vegetable food	.....	2336.64	1059.91	54,856	61,539	261,618
Total food	.....				

ELEVENTH ANNUAL REPORT OF THE
Dietaries for Hospitals for the Insane

TABLE 109
Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 36, of 86 to 87 Female Patients, Chronic, Active and Disturbed, July 7-13, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	22	1	21	21	1	20	13	.....	13	338	13	325
Dairy products, etc.....	2	.....	2	24	.....	24	3	.....	3	244	.....	244
Total animal food.....	24	1	23	45	1	44	16	.....	16	582	13	569
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	1	.....	1	17	1	16	91	4	87
Breads	17	1	16	5	.....	5	119	10	109	604	45	559
Puddings, cake, sauces, sugars, etc....	7	.....	7	9	.....	9	107	2	105	551	8	543
Vegetables and vegetable substitutes...	11	1	10	5	1	4	38	2	36	248	22	226
Total vegetable food	38	2	36	20	1	19	281	15	266	1,494	79	1,415
Total food	62	3	59	65	2	63	297	15	282	2,076	92	1,984

Dieteries for Hospitals for the Insane

Cornmeal mush	163	4.25	1.93	33	6	264
"	164	2.25	1.02	17	3	189
Hominy	178	5.50	2.49	40	2	378
"	179	2.12	.96	13	1	120
Total breakfast foods .....	.....	23.62	10.70	233	67	1,417
Bread	191	42.55	19.30	1,370	135	10,132
Total breads .....	.....	42.55	19.30	1,370	135	10,132
Pudding, bread	212	5.12	2.32	100	158	719
" rice	230	4.25	1.93	35	21	255
" tapioca	238	5.50	2.49	37	37	461
Boiled rice	198	5.12	2.32	42	23	367
Ginger cake	252	3.12	1.42	92	152	812
Johnny cake	265	.75	.34	26	36	163
Dried apple sauce	280	2.25	1.02	2	3	189
"	281	4.50	2.04	4	6	386
Total puddings, cakes, sauces, sugars, etc. ....	.....	30.61	13.88	338	436	3,352
Potatoes	324	5.38	2.44	61	2	510
Beans, baked	293	13.12	5.95	446	173	1,345
Pas	323	1.00	.45	25	11	62
Turnips	333	5.25	2.38	36	5	224
Lettuce	318	1.62	.73	9	2	21
Macaroni and cheese	347	2.50	1.13	51	37	205

ELEVENTH ANNUAL REPORT OF THE

Dieteries for Hospitals for the Insane

TABLE 111—Food Materials Rejected in Dietary Study No. 37, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>						
Dressing	342	2.75	1.25	33	51	159
Pickles	328	.75	.34	2	1	9
Total vegetables and vegetable substitutes .....	.....	32.37	14.67	663	282	2,535
Total vegetable food .....	.....	129.15	58.55	2,604	920	17,436
Total food .....	.....	178.39	80.90	4,828	2,919	18,620

Dieteries for Hospitals for the Insane

"	365	38.50	15.20	1,170	1,611	7,395
"	280	38.50	17.46	85	52	3,230
Dried apple sauce	281	36.50	16.56	33	50	3,130
"	291	32.50	14.74	.....	.....	14,740
Sugar	292	19.00	8.62	.....	.....	6,034
Syrup	.....	439.61	199.42	5,582	7,477	68,906
Total puddings, cakes, sauces, sugars, etc.	.....	.....	.....	.....	.....	.....
Potatoes	324	34.00	15.42	385	15	3,223
Beans, baked	293	239.00	108.41	8,031	3,144	24,500
Peas	321	40.00	18.14	635	345	1,687
"	323	42.50	19.28	1,060	463	2,660
Turnips	333	25.00	11.34	170	23	1,066
Lettuce	318	17.75	8.05	97	24	233
Macaroni and cheese	347	28.87	13.10	589	432	2,371
Dressing	342	29.50	13.38	348	549	1,699
Pickles	328	6.00	2.72	14	8	73
Total vegetables and vegetable substitutes	.....	462.62	209.84	10,329	5,003	37,512
Total vegetable food	.....	1722.89	781.52	36,568	14,912	248,764
Total food	.....	2336.64	1059.91	54,856	61,539	261,618

ELEVENTH ANNUAL REPORT OF THE

Dietaries for Hospitals for the Insane

TABLE 111
Food Materials Rejected in Dietary Study No. 37, of 155 Female Patients, Chronic, in Central Group at St. Lawrence State Hospital, July 7-13, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	Grams	
		Pounds	Kilograms							
<i>Animal food</i>										
Beef, roast	11	4.62	2.10	645	160	.....	.....	.....	.....
" corned	19	1.63	.74	195	138	.....	.....	.....	.....
Liver and bacon	41	2.62	1.19	288	322	14	.....	.....	.....
Pork, roast	27	3.87	1.76	319	1,169	.....	.....	.....	.....
Fish, weak	56	3.50	1.59	337	99	.....	.....	.....	.....
" creamed cod	64	3.00	1.36	121	30	.....	.....	.....	.....
Soup, English beef	74	15.50	7.03	49	28	.....	.....	.....	.....
" pea	76	14.50	6.58	270	53	.....	.....	.....	.....
Total meats and meat substitutes	.....	49.24	22.35	2,224	1,999	.....	.....	.....	1,184
Total animal food	.....	49.24	22.35	2,224	1,999	.....	.....	.....	1,184
<i>Vegetable food</i>										
Oatmeal	151	4.00	1.81	43	18	.....	.....	.....	172
"	152	5.50	2.49	87	37	.....	.....	.....	344

Dieteries for Hospitals for the Insane

.....meal mush.....	163	4.25	1.93	33	6	264
" ".....	164	2.25	1.02	17	3	189
Hominy.....	178	5.50	2.49	40	2	878
" ".....	179	2.12	.96	13	1	120
Total breakfast foods.....	.....	23.62	10.70	233	67	1,417
Bread.....	191	42.55	19.30	1,370	135	10,132
Total breads.....	.....	42.55	19.30	1,370	135	10,132
Pudding, bread.....	212	5.12	2.32	100	158	719
" rice.....	230	4.25	1.93	35	21	255
" tapioca.....	238	5.50	2.49	37	37	461
Boiled rice.....	198	5.12	2.32	43	23	367
Ginger cake.....	252	3.12	1.42	92	152	812
Johnny cake.....	265	.75	.34	26	86	163
Dried apple sauce.....	280	2.25	1.02	2	3	189
" ".....	281	4.50	2.04	4	6	386
Total puddings, cakes, sauces, etc.....	.....	30.61	13.88	338	436	3,352
Potatoes.....	324	5.38	2.44	61	2	510
Beans, baked.....	293	18.12	5.95	446	178	1,345
Peas.....	323	1.00	.45	25	11	62
Turnips.....	333	5.25	2.38	36	5	224
Lettuce.....	318	1.62	.73	9	2	21
Macaroni and cheese.....	347	2.50	1.13	51	37	205

Dieteries for Hospitals for the Insane

TABLE 111—Food Materials Rejected in Dietary Study No. 37, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Vegetable food—(Concluded)</i>						
Dressing	342	2.75	1.25	33	51	159
Pickles	328	.75	.34	2	1	9
Total vegetables and vegetable substitutes .....	.....	32.37	14.67	663	282	2,535
Total vegetable food .....	.....	129.15	58.55	2,604	920	17,436
Total food .....	.....	178.39	80.90	4,828	2,919	18,620

Dieteries for Hospitals for the Insane

TABLE 112
*Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 87 of
 155 Female Patients, Chronic, July 7-13, 1899*

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	15	2	13	17	2	15	10	1	9	261	31	230
Dairy products, etc.....	2	.....	2	26	.....	26	2	.....	2	258	.....	258
Total animal food.....	17	2	15	43	2	41	12	1	11	519	31	488
<i>Vegetable food</i>												
Breakfast foods	2	.....	2	1	.....	1	16	1	25	83	4	79
Breads	15	1	14	1	.....	1	115	10	105	542	45	497
Puddings, cakes, sauces, sugars, etc.....	5	.....	5	7	1	6	64	3	61	348	22	326
Vegetables and vegetable substitutes...	11	1	10	5	.....	5	34	2	32	231	12	219
Total vegetable food	33	2	31	14	1	13	239	16	213	1,204	83	1,121
Total food	50	4	46	57	3	54	241	17	224	1,728	114	1,609

Dieteries for Hospitals for the Insane

TABLE 113

Food Materials Served in Dietary Study No. 38 of Employees, Male 22, Female 41, Total 63, in Group III, at St. Lawrence State Hospital, July 21-27, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			Carbo- hydrates
				Protein	Fat	Grams	
		Pounds	Kilograms					Grams
<i>Animal food</i>							
Beef, roast.....	5	7.25	3.29	1,003	424	.....	Grams
" ".....	6	13.38	6.07	1,851	595	.....	.....
" ".....	7	5.25	2.38	771	174	.....	.....
" ".....	7	2.25	1.02	381	74	.....	.....
" ".....	8	3.25	1.48	484	295	.....	.....
" corned.....	19	3.12	1.43	373	266	.....	.....
Veal.....	21	6.37	2.89	890	171	.....	.....
Mutton.....	22	7.25	3.29	855	1,108	.....	.....
Pork, ham.....	29	5.50	2.49	503	558	.....	.....
" bacon.....	36	3.25	1.47	445	809	.....	.....
" shoulder, cold.....	29	6.25	2.84	574	636	.....	.....
Fish, salmon, salt.....	59	.75	.34	115	83	.....	.....
Hashed meat.....	15	8.00	3.63	1,140	305	.....	.....
Soup, vegetable.....	84	38.50	17.46	105	17	821	790
" English beef.....	72	38.50	15.20	91	15	790	244
" rice.....	78	12.50	5.67	40	17	244	1,390
Stew, beef.....	88	20.62	9.35	664	776	1,390	685
Hash, meat.....	116	13.25	6.01	901	240	685	718
" corned beef.....	106	16.50	7.48	78	471	718	.....

Dieteraries for Hospitals for the Insane

Gravy	191	5.00	2.27	29	2	154
"	123	5.00	2.27	54	5	359
"	123	5.75	2.61	26	3	180
"	124	5.25	2.38	48	5	309
Total meats and meat substitutes.....	.....	227.74	108.31	12,072	7,049	5,550
Milk	135	214.00	97.07	3,203	3,883	4,854
Eggs, boiled.....	139	4.89	2.22	811	266	.....
Butter	136	64.87	29.42	294	25,007	.....
Cheese	137	5.25	2.38	616	802	57
Total dairy products .....	.....	289.01	131.09	4,424	29,958	4,911
Total animal food .....	.....	516.75	234.40	16,496	37,007	10,461
<i>Vegetable food</i>						
Oatmeal.....	145	9.25	4.19	109	46	432
"	143	19.75	8.96	251	108	985
"	146	8.75	3.97	131	56	516
Corn meal mush.....	162	9.75	4.42	53	9	415
" " baked.....	172	16.75	7.60	106	220	874
Total breakfast foods .....	.....	64.25	29.14	650	439	8,232
Bread.....	191	193.10	87.14	6,186	610	45,749
Total breads.....	.....	193.10	87.14	6,186	610	45,749
Pudding, bread	209	17.25	7.82	430	500	2,643
" rice.....	226	22.25	10.09	585	328	4,440
" cornstarch.....	216	14.25	6.46	97	103	975
" farina.....	220	20.50	9.30	288	167	1,832
ginger cake	249	3.25	1.47	86	126	868

Dietaries for Hospitals for the Insane

TABLE 113—Food Materials Served in Dietary Study No. 38, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight					
		Total food		NUTRIENTS			
		Pounds	Kilograms	Protein	Fat	Carbo-hydrates	
<i>Vegetable food—(Concluded)</i>							
Johnny cake.....	261	13.25	6.01	379	703	2,854	
".....	262	11.88	5.16	305	547	2,198	
Dried apple sauce.....	277	25.87	11.74	35	47	1,738	
".....	278	25.87	11.74	46	70	2,664	
Sugar.....	291	57.00	25.86	.....	.....	25,860	
Total puddings, cakes, sauces, sugars, etc.....	.....	210.87	95.65	2,200	2,586	46,072	
Potatoes, boiled.....	324	159.25	76.77	1,919	77	16,045	
Beans, string.....	303	25.50	11.57	278	497	532	
".....	304	20.63	9.36	253	262	655	
".....	305	21.88	9.91	307	446	773	
".....	306	19.00	8.63	198	284	440	
Peas, green.....	319	24.75	11.23	483	876	999	
Beets.....	312	9.25	4.20	67	4	408	
Cucumbers.....	316	16.50	7.03	56	14	218	
Total vegetables and vegetable substitutes.....	.....	305.76	138.69	3,561	2,460	20,070	
Total vegetable food.....	.....	772.98	350.82	12,597	6,095	115,113	
Total food.....	.....	1239.73	585.03	29,093	43,103	195,574	

Dieteries for Hospitals for the Insane

*Food Materials Rejected in Dietary Study No. 38, of Employees, Male 22, Female 41, Total 63, in Group III,
at St. Lawrence State Hospital, July 21-27, 1899*

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	Grams
		Pounds	Kilograms						
<i>Animal food</i>									
Beef, roast.....	5	1.50	.68	207	88	.....		
“ “.....	6	2.00	.91	278	89	.....		
“ “.....	7	.75	.34	110	25	.....		
“ “.....	8	.75	.84	111	68	.....		
“ corned.....	19	.50	.28	61	43	.....		
Mutton.....	22	2.00	.91	234	308	.....		
Pork, ham.....	29	1.00	.45	91	101	.....		
“ bacon.....	36	1.00	.45	136	248	.....		
“ shoulder, cold.....	29	1.50	.68	137	152	.....		
Fish, salmon, salt.....	59	.25	.11	37	27	.....		
Hashed meat.....	15	1.25	.57	179	48	.....		
Soup, vegetable.....	84	22.00	9.98	60	10	469			
“ English beef.....	72	21.12	9.58	58	10	498			
Stew, beef.....	88	2.50	1.18	80	94	156			
Hash, meat.....	116	1.50	.68	102	27	78			
“ corned beef.....	106	2.75	1.25	131	79	120			
Total meats and meat substitutes.....	.....	62.37	28.28	2,012	1,412	1,321			

Dietaries for Hospitals for the Insane

TABLE 116.—Food Materials Served in Dietary Study No. 39, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams	Grams	
<i>Animal food—(Concluded)</i>									
Milk.....	135	212.00	96.16	3,173	3,846	4,808			
Butter.....	136	42.25	19.16	192	16,285	.....		
Cheese.....	137	12.25	5.56	1,440	1,874	183			
Total dairy products.....	.....	266.50	120.88	4,805	22,005	4,941		
Total animal food .....	.....	1117.12	506.73	56,299	48,996	24,881		
<i>Vegetable food</i>									
Oatmeal.....	145	44.50	20.18	525	222	2,078			
".....	147	49.50	22.45	718	314	2,806			
".....	143	44.25	20.07	562	241	2,207			
".....	146	42.63	19.34	638	271	2,514			
Cornmeal mush	162	74.75	33.91	407	68	3,187			
" " baked.....	172	54.00	24.50	343	711	2,817			
Total breakfast foods .....	.....	309.63	140.45	3,193	1,827	15,609		
Bread.	191	751.13	340.71	24,180	2,380	178,880			
Total breads.....	.....	751.13	340.71	24,180	2,380	178,880		

Dieteries for Hospitals for the Insane

" farina.....	220	18.75	6.24	193	112	1,229
Ginger cake.....	249	1.00	.45	26	39	265
Johnny cake.....	261	1.50	.68	48	80	323
"	262	2.00	.91	54	96	388
Dried apple sauce	277	1.00	.45	1	2	67
"	278	4.75	2.15	9	13	488
Total puddings, cakes, sauces, sugars, etc .....	.....	36.50	16.55	579	574	4,630
Potatoes, boiled.....	324	11.75	5.33	133	5	1,114
Beans, string	303	3.50	1.59	38	68	73
"	305	2.75	1.25	39	56	98
"	306	2.00	.91	21	30	46
Peas, green.....	319	2.50	1.18	49	38	100
Beets	312	1.50	.68	11	1	66
Cucumbers	316	1.00	.45	4	1	14
Total vegetables and vegetable substitutes.....	.....	25.00	11.34	295	249	1,511
Total vegetable food.....	.....	125.11	56.75	2,861	1,108	16,425
Total food.....	.....	191.70	86.94	4,640	2,749	17,746

Dieteries for Hospitals for the Insane

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes.....	Grams 27	Grams 4	Grams 23	Grams 16	Grams 3	Grams 13	Grams 13	Grams 3	Grams 10	Calories 313	Calories 57	Calories 256
Dairy products, etc.....	10	1	9	68	1	67	11	.....	11	718	13	705
Total animal food.....	37	5	32	84	4	80	24	3	21	1,031	70	961
<i>Vegetable food</i>												
Breakfast foods.....	2	1	1	1	.....	1	7	3	4	46	16	30
Breads	14	3	11	1	.....	1	104	21	83	498	98	395
Puddings, cakes, sauces, etc.....	5	1	4	6	1	5	104	10	94	503	55	448
Vegetables and vegetable substitutes...	8	1	7	6	1	5	46	3	43	277	26	251
Total vegetable food.....	29	6	23	14	2	12	261	37	224	1,319	195	1,124
Total food per person per day.....	66	11	55	98	6	92	285	40	245	2,350	265	2,085
Total food estimated per man per day	76	12	64	112	7	105	326	46	280	2,690	303	2,387

TABLE 115

Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 38 of Employees, Males 22, Females 41, Total 63, July 21-27, 1899

TABLE 116
Food Materials Served in Dietary Study No. 39 of 199 Male Patients, Chronic, Restless, Mostly Non-Workers,
in Group III, at St. Lawrence State Hospital, July 21-27, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT				
		Total food		NUTRIENTS		
				Protein	Fat	Carbo- hydrates
		Pounds	Kilograms	Grams	Grams	Grams
<i>Animal food</i>						
Beef, roast.....	6	53.25	24.15	7,366	2,367	.....
" soup	15	59.00	26.76	8,402	2,248	.....
Veal	21	15.00	6.80	2,094	401	.....
Mutton	22	32.62	14.80	3,848	4,988	.....
Pork, ham.....	29	19.50	8.85	1,788	1,932	.....
" bacon	36	8.50	3.86	1,170	2,123	.....
Fish, weak, fresh.....	55	54.75	24.83	5,960	794	.....
" salmon, salt	59	27.75	12.59	4,255	3,085	.....
Hashed meat.....	15	37.50	17.01	5,341	1,429	.....
Soup, vegetable	84	91.00	41.28	248	41	1,940
" English beef.....	72	94.50	42.87	257	43	2,229
" rice	78	90.50	41.05	287	123	1,765
Stew, Beef.....	88	124.00	56.25	3,994	4,669	7,762
Hash, meat	116	49.50	22.45	3,367	898	2,559
" corned beef.....	106	62.50	28.35	2,977	1,786	2,722
Gravy	123	30.75	13.95	140	14	968
Total meats and meat substitutes.....	.....	850.62	385.85	51,494	26,991	19,940

Dietaries for Hospitals for the Insane

TABLE 117—Food Materials Rejected in Dietary Study No. 39—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT						
		Total food			NUTRIENTS			
		Pounds	Kilograms	Grams	Protein	Fat	Carbo- hydrates	Grams
<i>Vegetable food—(Concluded)</i>								
Potatoes, boiled.....	324	12.00	5.44	136	5	12	1,137	
Beans, string.....	307	1.75	.79	13	8	3	226	
“.....	308	6.00	2.72	68	3	8	84	
“.....	309	1.75	.79	26	3	3	80	
“.....	310	1.75	.79	25	3	22	83	
“.....	311	3.50	1.59	30	1	66	7	
Beets.....	312	1.50	.68	11	.....	6	198
Cucumbers.....	316	.50	.23	2	.....	6	1,916
Dressing.....	340	2.50	1.14	32	.....	418	10,527
Total vegetables and vegetable substitutes.....	.....	31.25	14.17	343	60	2,965	11,887
Total vegetable food.....	.....	92.25	41.85	1,512	.....	.....	.....
Total food.....	.....	171.74	77.92	6,650	.....	.....	.....

Dietaries for Hospitals for the Insane

	910	55.25	25.06	802	876	6,164
Pudding, bread.....	226	71.75	32.55	684	360	7,128
" rice.....	216	68.50	31.07	466	437	4,691
" cornstarch.....	230	44.00	19.96	619	359	3,932
" farina.....	249	23.50	10.66	618	917	6,289
Ginger cake.....	261	33.00	14.97	943	1,752	7,110
Johnny cake.....	262	29.00	13.15	776	1,394	5,602
".....	277	52.13	23.65	71	95	3,500
Dried apple sauce.....	278	31.00	14.06	56	84	3,192
".....	291	38.70	17.55	.....	.....	17,550
Sugar.....	292	55.37	25.12	.....	.....	17,584
Syrup.....	.....	502.30	227.80	5,035	5,734	82,742
Total puddings, cakes, sauces, sugars, etc.....	324	267.00	121.11	3,028	121	25,311
Potatoes, boiled.....	307	48.75	22.11	354	331	995
Beans, string.....	308	36.75	16.67	417	50	1,383
".....	309	30.00	13.61	449	.54	1,443
".....	310	43.13	19.56	606	78	1,976
".....	316	45.50	20.64	392	287	1,078
Peas, green.....	320	54.12	24.55	1,129	589	2,054
Beets.....	312	19.00	8.62	188	9	836
Cucumbers.....	316	24.50	11.11	89	23	344
Dressing.....	340	22.50	10.21	286	51	1,776
Total vegetables and vegetable substitutes.....	.....	591.25	268.19	6,888	1,594	37,641
Total vegetable food.....	.....	2154.21	977.15	39,296	11,635	314,872

Dieteries for Hospitals for the Insane

TABLE 116—Food Materials Served in Dietary Study No. 39, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight				
		Total food		NUTRIENTS		
		Pounds	Kilograms	Proteins	Fat	Carbo-hydrates
<i>Animal food—(Concluded)</i>						
Milk	185	212.00	96.16	Grams 3,173	Grams 3,846	Grams 4,808
Butter	186	42.35	19.16	192	16,255	.....
Cheese.....	187	19.25	5.56	1,440	1,874	183
Total dairy products.....	.....	266.50	120.88	4,805	22,005	4,941
Total animal food .....	.....	1117.12	506.73	56,299	48,996	24,881
<i>Vegetable food</i>						
Oatmeal.....	145	44.50	20.18	525	232	2,078
"	147	49.50	22.45	718	314	2,806
"	148	44.25	20.07	562	241	2,207
"	146	42.63	19.34	688	271	2,514
Cornmeal mush	162	74.75	33.91	407	68	3,187
" " baked.....	172	54.00	24.50	343	711	2,817
Total breakfast foods .....	.....	309.63	140.45	3,193	1,827	15,609
Bread.	191	751.13	340.71	24,180	2,380	178,880
Total breads.....	.....	751.13	340.71	24,180	2,380	178,880

Dieteries for Hospitals for the Insane

	310	55.25	25.06	803	376	6,164
Pudding, bread.....	226	71.75	32.55	684	260	7,128
“ rice.....	216	68.50	31.07	466	497	4,691
“ cornstarch.....	220	44.00	19.96	619	359	3,933
“ farina.....	249	23.50	10.66	618	917	6,289
Ginger cake.....	261	33.00	14.97	943	1,753	7,110
Johnny cake.....	262	29.00	13.15	776	1,394	5,603
“.....	277	52.13	23.65	71	95	3,500
Dried apple sauce.....	278	31.00	14.06	56	84	3,193
“.....	291	38.70	17.55	.....	.....	17,550
Sugar.....	292	55.37	25.12	.....	.....	17,584
Syrup.....	.....	502.20	227.80	5,035	5,734	82,742
Total puddings, cakes, sauces, sugars, etc.....	.....	267.00	121.11	3,028	121	25,311
Potatoes, boiled.....	307	48.75	22.11	354	331	995
Beans, string.....	308	36.75	16.67	417	50	1,383
“.....	309	30.00	13.61	449	54	1,443
“.....	310	43.13	19.56	606	78	1,976
“.....	316	45.50	20.64	392	287	1,073
Peas, green.....	320	54.12	24.55	1,129	539	2,054
Beets.....	312	19.00	8.62	138	9	836
Cucumbers.....	316	24.50	11.11	89	22	344
Dressing.....	340	22.50	10.31	236	51	1,776
Total vegetables and vegetable substitutes.....	.....	591.25	268.19	6,888	1,594	37,641
Total vegetable food.....	.....	2154.21	977.15	39,296	11,535	314,872

TABLE 117

Food Materials Rejected in Dietary Study No. 39, of 129 Male Patients, Chronic Restless, Mostly Non-workers, in Group III, at St. Lawrence State Hospital July 21-27, 1899

KIND OF FOOD MATERIALS	Reference number	WHEAT					
		Total food			TOTALS		
					Protein	Fat	Carbo-hydrates
		Pounds	Kilograms	Grams	Grams	Grams	Grams
<i>Animal food</i>							
Beef, roast.....	6	7.00	3.18	970	312	.....	.....
" soup.....	15	7.00	3.18	999	367	.....	.....
Mutton.....	22	2.25	1.02	265	344	.....	.....
Pork, ham.....	29	2.50	1.13	228	253	.....	.....
" bacon.....	36	.75	.34	108	187	.....	.....
Fish, weak, fresh.....	55	9.12	4.14	994	132	.....	.....
" salmon, salt.....	59	5.00	2.27	767	556	.....	.....
Hashed meat.....	15	1.62	.74	232	62	.....	.....
Soup, vegetable.....	84	9.50	4.31	26	4	203	.....
" English beef.....	72	6.00	2.72	16	8	141	.....
" rice.....	78	15.00	6.80	48	20	292	.....
Stew, beef.....	88	7.50	3.40	241	282	469	.....
Hash, meat.....	116	1.37	.62	93	25	71	.....
" corned beef.....	106	2.75	1.25	131	79	120	.....
Gravy.....	123	2.00	.91	9	1	63	.....
Total meats and meat substitutes.....	.....	79.86	36.01	5,122	2,527	1,359	.....

Dieteries for Hospitals for the Insane

	187	.13	.06	16	20	1
Cheese.....	187	.13	.06	16	20	1
Total dairy products.....	.....	.13	.06	16	20	1
Total animal food . . . . .	.....	79.49	36.07	5,133	2,547	1,360
<i>Vegetable food</i>						
Oatmeal.....	145	3.37	1.53	40	17	157
".....	147	3.00	1.36	43	19	170
".....	143	.75	.34	10	4	37
".....	146	3.25	1.48	49	21	192
Cornmeal mush.....	162	4.50	2.04	24	4	192
".....	172	4.50	2.04	29	59	234
Total breakfast foods . . . . .	.....	19.37	8.79	195	124	982
Bread.....	191	24.13	10.95	777	77	5,748
Total breads.....	.....	24.13	10.95	777	77	5,748
Pudding, bread.....	210	3.00	1.36	44	20	334
" rice.....	226	6.25	2.38	50	19	521
" cornstarch.....	216	3.00	1.36	20	22	205
" farina.....	220	2.35	1.02	32	18	201
Ginger cake.....	249	1.35	.57	38	49	336
Johnny cake.....	262	.50	.23	14	24	98
Dried apple sauce.....	277	1.25	.57	2	2	84
" ".....	278	1.00	.45	2	3	102
Total puddings, cakes, sauces, sugars, etc. ....	.....	17.50	7.94	197	157	1,881

Dieteries for Hospitals for the Insane

TABLE 117—Food Materials Rejected in Dietary Study No. 39—(Concluded)

KIND OF FOOD MATERIALS	Reference number	Weight					
		Total food		Nutrients			
		Pounds	Kilograms	Protein Grams	Fat Grams	Carbo- hydrates Grams	
<i>Vegetable food—(Concluded)</i>							
Potatoes, boiled.....	324	12.00	5.44	136	6	1,137	
Beans, string.....	307	1.75	.79	13	12	35	
".....	308	6.00	2.72	68	8	226	
".....	309	1.75	.79	26	3	84	
".....	310	1.75	.79	25	3	80	
Beets.....	311	3.50	1.59	30	22	83	
Cucumbers.....	312	1.50	.68	11	1	66	
Dressing.....	316	.50	.23	2	.....	7	
	340	2.50	1.14	32	6	198	
Total vegetables and vegetable substitutes.....	.....	31.25	14.17	343	60	1,916	
Total vegetable food.....	.....	93.26	41.85	1,512	418	10,527	
Total food.....	.....	171.74	77.92	6,650	2,965	11,887	

TABLE 118
Nutrients and Energy per Person per Day in Food Served, Rejected and Actually Eaten in Dietary No. 39, of 129 Male Patients, Chronic, Restless, Mostly Non-Workers, July 21-27, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Grams	Calories	Calories	Calories
<i>Animal food</i>												
Meats and meat substitutes.....	57	6	51	30	3	27	22	1	21	603	57	546
Dairy products, etc	5	.....	5	24	.....	24	5	.....	5	264	.....	264
Total animal food.....	62	6	56	54	3	51	27	1	26	867	57	810
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	2	.....	2	17	1	16	101	4	97
Breads	27	1	26	3	.....	3	198	7	191	950	33	917
Puddings, cakes, sauces, sugars, etc ..	6	.....	6	6	.....	6	92	2	90	458	8	450
Vegetables and vegetable substitutes...	8	1	7	2	.....	2	42	2	40	223	12	211
Total vegetable food	44	2	42	13	.....	13	349	12	337	1,732	57	1,675
Total food	106	8	98	67	3	64	376	13	363	2,599	114	2,485

Dieteries for Hospitals for the Insane

TABLE 119
Food Materials Served in Dietary Study No. 40, of 224 Female Patients, Chronic Restless, Mostly Non-Workers, in Group III, at St. Lawrence State Hospital, July 21 to 27, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT						NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates	Grams	Grams	Grams	
		Pounds	Kilograms							
<i>Animal food</i>										
Beef, roast	9	37.00	16.78	5,118	1,645	.....			
Mutton	22	35.00	15.88	4,129	5,351	.....			
Fish, weak, fresh	55	40.25	18.26	4,382	584	.....			
" salmon, salt	59	35.00	15.88	5,368	3,890	.....			
Soup, vegetable.....	84	172.75	78.36	470	78	.....				3,683
" English beef	72	190.25	86.29	518	86	.....				4,487
" rice.....	78	174.50	79.15	554	237	.....				3,404
Stew, beef.....	88	205.75	93.33	6,626	7,747	.....				12,880
Hash, corned beef	106	109.00	49.44	5,191	3,115	.....				4,746
Gravy	123	50.75	23.02	230	24	.....				1,588
Total meats and meat substitutes .....	.....	1,050.25	476.39	32,586	22,757	.....				30,788

Dietaries for Hospitals for the Insane

Milk.....	185	368.00	166.92	5,508	6,677	8,346
Butter.....	186	81.72	37.07	370	31,510	.....
Cheese.....	137	19.75	8.96	2,321	8,019	215
Total dairy products.....	.....	469.47	212.95	8,199	41,206	8,561
Total animal food.....	.....	1,519.72	689.34	40,785	63,963	39,349
<i>Vegetable food</i>						
Oatmeal.....	145	86.00	39.01	1,014	429	4,018
".....	147	77.25	35.04	1,121	490	4,380
".....	143	72.50	32.89	920	396	3,618
".....	146	82.50	37.42	1,285	524	4,865
Cornmeal mush.....	162	63.75	28.92	347	58	2,718
".....	172	79.25	35.95	503	1,043	4,124
Total breakfast foods.....	.....	461.25	209.23	5,140	2,939	23,733
Bread.....	191	782.38	354.89	25,200	2,485	186,325
Total breads.....	.....	782.38	354.89	25,200	2,485	186,325
Pudding, bread.....	210	69.75	31.64	1,012	475	7,733
" rice.....	226	59.50	26.99	567	216	5,910
" cornstarch.....	216	125.75	57.04	855	913	8,612
" farina.....	220	67.75	30.73	952	553	6,053
Ginger cake.....	249	45.00	20.41	1,184	1,755	12,041
Johnny cake.....	261	62.75	28.46	1,793	3,330	13,618
".....	262	63.50	28.81	1,700	3,054	12,273
Dried apple sauce.....	277	50.00	22.63	68	91	3,356

Dieteries for Hospitals for the Insane

TABLE 119—Food Materials Rejected in Dietary Study No. 40, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					
		Total food		NUTRIENTS			
				Protein	Fat	Carbo-hydrates	
		Pounds	Kilograms	Grams	Grams	Grams	
<i>Vegetable food—(Concluded)</i>							
Dried apple sauce	278	66.00	29.94	120	179	6,796	
Sugar	291	67.20	30.48	.....	.....	30,480	
Syrup	292	46.38	21.04	.....	.....	14,730	
Total puddings, cakes, sauces, sugars, etc. ....	.....	723.58	328.22	8,251	10,566	121,552	
Potatoes, boiled	324	382.50	173.50	4,337	173	36,260	
Beans, string	307	75.75	34.36	550	515	1,546	
"	308	50.75	23.02	575	69	1,911	
"	309	57.00	25.85	854	103	2,740	
"	311	95.75	43.43	825	608	2,258	
Peas, green	320	35.75	16.22	746	389	1,555	
Beets	312	51.00	23.13	370	23	2,243	
Cucumbers	316	27.37	12.42	99	25	385	
Dressing	340	73.25	33.23	930	166	5,782	
Total vegetables and vegetable substitutes .....	.....	849.12	385.16	9,286	2,071	54,780	
Total vegetable food .....	.....	2,816.33	1,277.50	47,877	18,061	386,390	
Total food .....	.....	4,336.05	1,966.84	88,662	82,024	425,739	

Dieteries for Hospitals for the Insane

TABLE 120

Food Materials Rejected in Dietary Study No. 40, of 224 Female Patients, Chronic, Restless, Mostly Non-Workers, in Group III, at St Lawrence State Hospital, July 21-27, 1899

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food			Proteins	Fat	Carbo-hydrates		
		Pounds	Kilograms	Grams					
								Grams	
<i>Animal food</i>									
Beef, roast.....	6	4.75	2.15	656	211	.....	.....	.....
Mutton	22	.50	.23	60	77	.....	.....	.....
Fish, weak, fresh.....	55	9.00	4.08	979	131	.....	.....	.....
" salmon, salt	59	6.50	2.95	997	723	..	.....	.....
Soup, vegetable.....	84	8.75	3.97	24	4	.....	.....	.....
" English beef.....	72	13.75	6.24	37	6	.....	.....	.....
" rice	78	28.00	12.70	89	38	.....	.....	.....
Stew, beef	88	5.00	2.27	161	189	.....	.....	.....
Hash, corned beef	106	6.25	2.84	298	179	.....	.....	.....
Gravy.....	123	1.00	.45	5	.....	.....	.....	.....
Total meats and meat substitutes.....	.....	83.50	37.88	3,306	1,558	.....	.....	1,675
Cheese	137	.25	.11	29	37	.....	.....	3
Total dairy products.....	.....	.25	.11	29	37	.....	.....	3
Total animal food.....	.....	83.75	37.99	3,335	1,595	.....	.....	1,678

TABLE 130

Food Materials Rejected in Dietary Study No. 40, of 234 Female Patients, Chronic, Restless, Mostly Non-Workers, in Group III, at St Lawrence State Hospital, July 21-27, 1899

Dietaries for Hospitals for the Insane

TABLE 120—Food Materials Rejected in Dietary Study No. 40, etc.—(Concluded)

KIND OF FOOD MATERIALS	Reference number	WEIGHT					NUTRIENTS		
		Total food		Protein	Fat	Carbo- hydrates			
		Pounds	Kilograms				Grams	Grams	
<i>Vegetable food</i>									
Oatmeal.....	145	7.00	3.18	83	35	327			
“.....	147	6.00	2.72	87	38	340			
“.....	148	7.00	3.17	89	38	349			
“.....	146	7.25	3.29	109	46	428			
Cornmeal mush.....	162	8.00	3.63	44	7	341			
“.....	172	8.75	3.97	56	115	456			
Total breakfast foods.....	.....	44.00	19.96	468	279	2,241		
Bread.....	191	34.17	15.50	1,100	108	8,138			
Total breads.....	.....	34.17	15.50	1,100	108	8,138		
Pudding, bread.....	210	7.50	3.40	109	51	836			
“ rice.....	226	5.00	2.27	48	18	497			
“ cornstarch.....	216	2.50	1.13	17	18	171			
“ farina.....	220	1.75	.79	25	14	156			
Ginger cake.....	249	3.50	1.59	92	137	938			
Johnny cake.....	261	.25	.11	7	13	52			
“.....	262	1.25	.57	84	60	243			

Dieteries for Hospitals for the Insane

Dried apple sauce	277	1.75	.79	2	3	117
" "	278	4.00	1.81	7	11	411
Total puddings, cakes, sauces, sugars, etc. ....	.....	27.50	12.46	341	325	3,421
Potatoes, boiled.....	324	29.00	13.15	339	13	2,748
Beans, string	307	2.75	1.25	20	19	56
" "	308	2.00	.91	23	3	75
" "	309	1.25	.57	19	2	60
" "	311	1.25	.57	11	8	30
Beets	312	2.50	1.13	18	1	110
Cucumbers	316	.25	.11	1	1	3
Dressing	340	6.75	3.06	86	15	532
Total vegetables and vegetable substitutes.....	.....	45.75	20.75	507	62	3,614
Total vegetable food.....	.....	151.42	68.67	2,416	774	17,414
Total food.....	.....	235.17	106.66	5,751	2,369	19,092

Dietaries for Hospitals for the Insane

TABLE 191
Nutrients and Energy per Person per day in Food Served, Rejected and Actually Eaten in Dietary No. 40, of Female Patients, Chronic, Restless, Mostly Non-Workers, July 21-27, 1899

CHARACTER OF FOOD	PROTEIN			FAT			CARBOHYDRATES			ENERGY		
	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten	Served	Rejected	Eaten
<i>Animal food</i>												
Meats and meat substitutes	Grams 21	Grams 2	Grams 19	Grams 15	Grams 1	Grams 14	Grams 20	Grams 1	Grams 19	Calories 308	Calories 32	Calories 286
Dairy products, etc.	5	.....	5	26	.....	26	5	.....	5	283	.....	283
Total animal food	26	2	24	41	1	40	25	1	24	591	22	569
<i>Vegetable food</i>												
Breakfast foods	3	.....	3	2	.....	2	15	1	14	92	4	88
Breads	16	1	15	1	.....	1	119	5	114	563	25	538
Puddings, cakes, sauces, sugars, etc.	5	.....	5	7	.....	7	77	2	75	401	8	393
Vegetables and vegetable substitutes	6	.....	6	1	.....	1	35	3	32	177	12	165
Total vegetable food	30	1	29	11	.....	11	246	11	235	1,233	49	1,184
Total food	56	3	53	52	1	51	271	12	259	1,824	71	1,753

PART II

Licensed Private Asylum System



CHAPTER 10

Private Institutions

It is popularly supposed that private institutions are not within the jurisdiction of the Commission's supervisory powers, but this is an error, as the powers and duties of the Commission extend to private as well as public institutions in the same degree. This does not include maintenance and financial supervision, although the licensing power controls expenditure indirectly, by requiring the maintenance of a certain standard of care, buildings and equipment.

A commissioner, or the Commission as a whole, is required to make at least two visits annually to each private institution, and each patient received is subject to visitation and is permitted to have private audience with any commissioner upon request. As a rule, complaints by patients of personal abuse are rare, but when made receive careful attention. No instance of abuse or neglect of patients has been established during the year. The standard of these institutions, especially in the features of construction and equipment, may be said to have improved. There is a tendency to permit greater liberty of movement and less restriction of visitation, and the privilege of the thirty-day parole rule is increased. A few instances have arisen during the year when the powers of the Commission have been exercised in protection of the patients' interests and in the correction of abuses. It is very evident that the present supervision of private asylums has had a most salutary effect, which would not have been the case had the Commission been vested with visitorial powers only. Respecting the present licensed institutions, the Commission believes them to be serving a useful purpose and to be worthy of public confidence.

During the year Dr. Combes' Sanitarium at Flushing, which was licensed just before the close of the previous fiscal year, was

Private Institutions

opened, making an addition of one to the number of private institutions. This is a brick building, substantially constructed for its present uses and designed to care for thirty-four patients. The license for River Crest has been increased for eighteen additional patients. The death of Dr. Joseph D. Lomax, for nearly forty years the physician-in-charge and superintendent of Marshall Infirmary, at Troy, occurred in July. This hospital cared for a portion of the insane of Rensselaer county during the period when State institutions were capable of caring only for acute cases, the remaining number reverting to alms-houses and jails. During this epoch Marshall Infirmary provided its county with superior care for its insane at a nominal cost, and thus placed Rensselaer county far in advance in degree of suitable care for its insane over other counties of the State. It will probably now be reorganized, and perhaps enlarged and improved, under the stimulation of a progressive policy.

The aggregate population of private institutions increased during the year from 854 to 927. The movement of the population is shown by 847 patients admitted and 488 patients discharged. Of the number discharged, 137 had recovered, 207 had improved and 63 died. There were 1,418 under treatment during the year.

It will give an adequate conception of the capital invested by private individuals to care for the insane by naming the assessed valuation of the real estate used for this purpose, which was \$2,835,393.49. This is exclusive of St. Vincent's Retreat, the report from which has not been received. It is not excessive to estimate the actual valuation as approximating \$4,000,000. The gross receipts from all the private institutions for the year was \$748,084.66. There were 688 persons employed in the private care of the insane. It is a popular error to suppose that the gains arising from the care of the wealthier classes of the insane is inordinately large. The above figures, and the frequent risks, often arising from innocent causes or from newspaper libel, do not offer a very attractive outlet for capital.

LICENSED PRIVATE ASYLUM SYSTEM
General statistics for year ending September 30, 1899

INSTITUTIONS	REMAINING OCTOBER 1, 1898				ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1899				ON ORIGINAL COMMITMENTS									
	Men		Women		Total	Men	Women	Total	FROM RESIDENCES			BY TRANSFERS FROM COUNTY HOUSES			BY TRANSFERS FROM OTHER INSTITUTIONS FOR THE INSANE			
									Men	Women	Total	Men	Women	Total	Men	Women	Total	
Bloomingtondale.....	143	191	334	33	87	49	30	79	.....	.....	.....	.....	.....	.....	4	4	8	Total
Providence Retreat.....	31	82	113	15	59	12	43	55	.....	.....	.....	.....	.....	.....	3	1	4	.....
Marshall Infirmary.....	26	23	49	25	53	24	27	49	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Long Island Home.....	43	51	94	28	50	23	18	36	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Brighton Hall.....	27	27	54	16	34	16	18	34	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sanford Hall.....	13	16	29	14	25	13	11	24	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Vincent's Retreat.....	.....	60	.....	.....	.....	.....	22	22	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Excelsior Terrace.....	10	10	20	.....	.....	5	4	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Walden.....	7	1	8	6	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dr. Wells' Sanitarium.....	.....	15	15	.....	4	.....	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greenmont-on-the-Hudson.....	1	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dr. MacDonald's House.....	.....	6	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
The Pines.....	1	3	4	3	3	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Vernon House.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Interplines.....	.....	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Glenmary.....	9	17	26	.....	.....	5	5	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Palmyra.....	5	7	12	.....	.....	6	5	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
River Crest.....	8	8	16	63	117	55	46	101	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dr. Combes Sanitarium.....	1	.....	1	28	48	21	18	39	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	329	525	854	251	487	236	267	493	.....	.....	.....	.....	.....	.....	.....	34	29	63

Private Institutions

ELEVENTH ANNUAL REPORT OF THE

LICENSED PRIVATE ASYLUM SYSTEM—(Continued)

Private Institutions														
INSTITUTIONS	TOTAL NUMBER UNDER TREATMENT DURING YEAR	Daily average population	Capacity of Institution	DISCHARGED DURING YEAR										
				AS RECOVERED			AS IMPROVED			AS UNIMPROVED				
				Men	Women	Total	Men	Women	Total	Men	Women	Total		
Broomfield	190	225	421	325	400	9	13	22	21	17	38	5	7	10
Providence Retreat	46	126	172	116	133	10	24	34	3	6	9	2	10	12
Marshall Infirmary	51	50	101	54	60	4	1	5	12	9	21	2	7	9
Long Island House	71	73	144	90	114	7	6	13	9	7	16	2	7	9
Longham Hall	43	45	88	57	72	1	5	6	9	7	16	2	7	9
Sanford Hall	27	27	54	35	44	3	3	6	4	3	7	3	2	5
St. Vincent's Retreat	53	53	106	60	60	.....	8	8	.....	.....	.....	.....	.....	.....
Breesehurst Terrace	15	17	32	21	30	.....	3	3	.....	.....	.....	.....	.....	.....
Walden	13	16	29	12	12	1	1	2	2	1	3	4	1	1
Dr. Wells' Sanitarium	.....	13	13	14	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greenmount-on-the-River	.....	13	13	14	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dr. McDonald's House	.....	7	7	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pinus	.....	3	3	5	12	1	1	2	.....	.....	.....	.....	.....	.....
Vermon House	4	6	10	7	16	1	1	2	3	3	6	3	1	3
Vermon House	11	10	21	7	16	.....	.....	.....	.....	.....	.....	.....	.....	.....
Neumary	15	23	37	23	50	3	4	7	1	2	3	.....	.....	.....
Starkirk	11	13	23	11	34	.....	.....	.....	.....	.....	.....	.....	.....	.....
Silver Crest	71	63	133	36	50	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dr. Combes' Sanitarium	29	20	49	17	34	5	1	6	8	3	11	1	4	5
Total	605	813	1,418	897	1,163	51	86	137	111	96	207	28	31	59

Private Institutions

LICENSED PRIVATE ASYLUM SYSTEM—(Concluded)

INSTITUTIONS	DISCHARGED DURING YEAR				WHOLE NUMBER DISCHARGED DURING THE YEAR			REMAINING OCTOBER 1, 1899		
	AS NOT INSANE		DIED		Men	Women	Total	Men	Women	Total
	Men	Women	Total							
Bloomingtondale	9	9	18	43	46	88
Providence Retreat	1	5	6	16	45	61
Marshall Infirmary	5	6	11	26	23	49
Long Island Home	4	1	5	27	23	50
Brigham Hall	4	.....	4	17	14	31
Sanford Hall	3	2	5	10	8	18
St. Vincent's Retreat
Preschurst Terrace	1	2	3	7	2	9
Dr. Wainwright
Dr. Wainwright
Greenmont-on-the-Hudson
Dr. MacDonald's House
The Pines
Vernon House	1	.....	1	7	4	11
Interpines
Glenmary	2	1	3	6	9	15
Falkirk
River Crest	5	5	40	40	80
Dr. Combes Sanitarium	14	8	22
Total	2	.....	2	.....	30	33	63	222	266	488
								362	547	929

Private Institutions

PART III

General Hospital System

CHAPTER 11

Increment of the Insane

A feature of the annual statistics which is watched for with considerable interest and more or less anxiety is the annual net increase in the number of insane for which care is demanded from our State hospitals.

For the year ending September 30, 1899, the figures are most encouraging, in that they show a lower net increase than for any preceding year within the last decade. The average annual increment for the past ten years has been 672. The statistics of ten years ago showed that the insane of the same character as those now cared for in State hospitals, although many of them at that time in city and county almshouses, institutions for the chronic insane and other receptacles, as well as the hospitals for the acute insane, numbered 14,651, while the number in custody in 1899 in the State hospitals representing the same classes numbered 21,374, making an increase for the ten years of 6,723.

The consideration of this data, without a careful computation of all the elements entering into it, are astonishing and depressing. It must, however, be considered that the improved accommodations provided for this class by the State has exerted a marked influence in bringing to light a large number of mental defectives who are naturally dependent upon the public and took advantage of the better care which is available under the present conditions. If, however, the period is taken by years, it will be found that the increase averages very closely.

Thus, for the year ending September 30, 1896, the increase was shown to be 668. The corresponding increase for the year ending September 30, 1897, was 733; for the year ending September 30, 1898, it was 634, and for the past year, 529. The changes, although slight, are toward a lower annual increment. If the same

Increment of the Insane

average decrease continues for the next five years it would be but nominally greater than the daily average of the patients now cared for in the State hospitals. If this desideratum can ever be reached, the care of the insane will no longer appear the bug-bear which has troubled the dreams of sociologists, but will remain a steady burden.

It is interesting to compare the classes making up the admissions to the State hospitals for recent years with those admitted during a period contemporaneous with the passage of the State care act. A marked change is observable in the age of the patients admitted. Old or senile cases have increased disproportionately, and in an examination of the classification table it will be seen that senility and chronic forms of insanity, especially secondary dementia or the dementia following organic brain disease, are preponderant. There is also a decrease in the number of acute cases admitted, and a consequent lowered effect of the recovery rate. Notwithstanding these disadvantages, the recovery rate

has slightly and progressively increased for the past few years. Taking the data presented in this report, we may safely aver on the whole that they are encouraging and show improved results.

With regard to the mortality of patients, the conditions referred to above, especially in the increase in the number of old persons, necessarily increase the mortality rate.

It is infrequent to have cases of senility and senile dementia admitted to the State hospitals in a moribund condition, and it is not at all uncommon to have the admission and death of aged persons recorded in the same report.

With these untoward cases the hospital data of to-day are overweighted, and reviews of the medical results based upon the gross statistics must naturally be expected to be unfavorable.

CHAPTER 12

Foreign Born Insane

A consideration of the statistics from the State hospital admissions for the last decade is instructive and not altogether encouraging. A division which has been made reporting admissions makes it possible to separate the foreign born from the native born insane, and the value of this division is evident in reaching any conclusion affecting the alien population. The number has been progressively increasing as shown by the following table:

TABLE

Showing percentage of foreign born insane admitted to State institutions between 1889 and 1899

	Total admissions	Total foreign born	Percentage
1889.....	1,813	563	.31
1890.....	1,942	635	.327
1891.....	2,868	998	.347
1892.....	2,637	928	.352
1893.....	2,704	889	.328
1894.....	4,001	1,681	.42
1895.....	3,029	1,010	.333
1896.....	5,615	2,791	.497
1897.....	4,649	2,139	.46
1898.....	5,542	2,769	.499

In 1889, out of a total of 1,813 admissions, there were 563 foreign born, or 31 per cent. of the whole. In 1898, out of 5,542 admissions, there were 2,769 foreign born, or about 50 per cent. In other words, in the ten years there was a proportionate increase in the percentage of the foreign born admissions to the hospitals of 60 per cent. What this means it is difficult to tell,

Foreign Born Insane

as it cannot be ascribed to the increase of immigration or to the degeneracy of the foreign born population of our State. Moreover, there is a much closer system of espionage of the defective classes immigrating than formerly existed, and practically no aliens are now admitted to the hospitals, every proper case being returned to the country whence he came. This most important duty was not performed until the State system became firmly established. The State was thus saddled in former years with many defective cases which would have been disposed of under the existing system.

If it could be determined whether the proportion of insane from foreign born patients was increasing in the same ratio as the admission of the foreign born to the hospitals, it might show a rapid deteriorating influence upon the alien element by conditions attendant upon their emigration. If so, it should be a warning that should be heeded, although a remedy would seem difficult of application. On the other hand, the increase of this population is encouraging in the fact that it shows a decrease of the native admissions, and would seem to reasonably prove that degeneracy of the sturdy native stock has not progressed to any considerable degree.

CHAPTER 13

Laws Providing for Fire Protection

Chapters 381 and 535, Laws of 1895, are practically duplicate requirements and in some respects counteract each other's provisions. In other respects they are quite impracticable and constant violations may be expected. The Commission recommends that they be codified and amended to provide liberal and protective equipment of institutions, but not to limit the erection of fire-escapes to one form. Under the above laws the insane hospitals are prohibited from using some recent admirable devices for saving patients in case of fire, irrespective of the exercise of any intelligence on their part. In other words, patients are saved automatically, so to speak, from a burning building with great rapidity and without the possibility of injury. These forms cannot be used, as they do not conform to the design of escape required by the present law.

As far as practicable each State hospital is fully equipped with fire protection, which is ample in variety of equipment. This is particularly true of ward buildings or wherever patients are kept. With ordinary attention it would seem impossible for fire to progress far enough to destroy a building, although such an exigency is possible and should not be unlooked for. The hospital buildings, as a rule, are not fire-proof, but the newer structures are slow-burning, and with the free use of fire-extinguishing apparatus, are made as secure as the Commission feels warranted in doing.

During the past year there has been no fire of any great extent, and no loss of life from fire, although frequent fires have been started. An example of the strict supervision of the hospitals, is the discovery of all fires in their incipency, and their early suppression.

Laws Providing for Fire Protection

The most frequent place for the inception of fires has been the laundry drying rooms, which are heated by steam. They were formerly built of wood, and the impalpable dust which gathered on the steam pipes ignited if by any oversight these happened to be superheated. The rapidity with which these fires spread precludes their extinguishment. It is gratifying to report that during the year the last of these dry-rooms were replaced by iron ones throughout the State, and this source of fires need be anticipated no longer. This was a marked and long hoped for improvement.

Another improvement tending to the protection of patients from fire, is the considerable extension of outside fire-escapes. These stairways, as a rule, are used regularly to accustom patients and employees to their use.

CHAPTER 14

Regulation of Labor in State Hospitals

Various attempts have been made to control and regulate hours and prices of labor in the State hospitals, creating mandatory limitations, regardless of conditions, requirements or other relations of the hospital. These propositions invariably come from labor organizations and, provided the work under consideration had an ordinary commercial aspect, might be regarded frequently as based on reasonable premises, but when the unique and incomparable relations of the individual employee to the institution, the requirements and irregular demands of the latter and the environment are considered, the difficulties are soon discovered to be insuperable.

The proposition, for instance, that attendants and nurses should be limited to eight hours work in twenty-four, is too puerile to receive serious attention. If this limitation was applied to consecutive hours of actual labor, as contradistinguished from "hours of duty," it might apply. Take the duty of an attendant upon the insane in an ordinary ward. She may arise at 6 a. m., and up to 9 or 10 a. m., be steadily employed in dressing and preparing patients for, superintending them at, and herself taking, breakfast; thereafter, employing herself in ordinary domestic duties, or supervising patients who are thus engaged. There is an interval however, of from two or more hours before dinner, when patients and attendants alike have a physical intermission, although the attendant is still on duty. This attendant is probably relieved at 7 p. m., or on occasional, and sometimes on alternate nights, "sits up" (the patients being in bed) until the later night attendant comes on duty. It has been seriously proposed that the eight-hour law shall be applied to the "duty hours" named above. As a result a doubling of the force of attendants would be required throughout the State, at an expense of approximately \$300,000 annually.

Regulation of Labor in State Hospitals

It is not proposed to offer a complete argument here on this much mooted question. There is one phase of it, however, which deserves a passing notice, as it is wholly in the interest of the employee and its antithesis would be in the interest of the employer, the State. The hospital is the home for the employed. The domestic or the attendant bears about the same fireside relation to the hospital as the maid bears to her family home. In the hospital she has her room, which is her palace. She has her amusements, her diversions, she is supplied with food, fire, lights and laundry. If sick she is provided with medical aid and medicines, as well as nursing, all without charge. If she is incapacitated her time does not lapse as it would under the eight-hour rule, but she is treated like the favorite daughter, who receives her allowance from the family account, whether sick or well. In short, the family relation is fostered in the hospital, rather than the strict rule represented by the labor agitators; for experience has shown that from it result content, loyalty, affection, the home feeling, and the exercise of the finer faculties. The strict bar between the employer and the employed is broken down, and the hospital has a combination of persons working to one end without guile, not in a strict interpretation of hours and minutes, dollars and cents, but in a spirit of brotherly help and love, and a charitable impulse to help the afflicted for whom a merciful Providence has provided these means of alleviation. The man or woman who attempts to break down this structure to make way for the indomitable and severe justiciar which governs labor with a rod of iron, is doing an act which will bear a debit mark in the Book of Life. Were the charges proposed by limitation laws submitted to the four thousand employees in the State hospitals to be determined by ballot, it is safe to predict that their defeat would be overwhelming.

CHAPTER 15

Removal of Alien and Non-Resident Lunatics

Chapters 214 of the Laws of 1893, and 693 of the Laws of 1895, authorized the Commission to secure the return to their homes of alien and non-resident patients found within the borders of the State and committed, for the public safety, to the nearest State hospital. This duty has required, in many instances, prolonged investigation as to the antecedents of patients—the Commission desiring to fully satisfy itself as to the actual legal residence of each person before attempting his return—and in some instances it has been found necessary, when the return of aliens was proposed, to invoke the co-operation of the Washington authorities in order to avoid complications with foreign states. The advantage of securing the return of these patients has been so marked, however, that every available means has been used to secure the deportation or transfer of every insane person who could not legally claim a residence within the State of New York.

Between 1893, the date of the passage of the first law giving the Commission this authority, and October 1, 1899, there have been removed 338 patients of this class, at a total expenditure of \$15,692.96. As the work has progressed from year to year greater success has attended the efforts of the Commission to return these alien patients; thus where but 23 patients were returned in 1893 the Commission, during the last fiscal year, succeeded in returning 168 insane aliens and non-residents at a cost during the latter period of \$5,317.03.

As the average duration of insane life in institutions may be estimated at twelve years and the annual cost of maintaining each insane person averages \$178.00 it will be seen that in the matter of maintenance alone very great saving results by ridding the

Removal of Alien and Non-Resident Lunatics

State of the burden of supporting this class—usually the most hopeless, so far as recovery is concerned. If, in addition, the cost of accommodations is considered, viz., \$550 for each patient, it will be seen that the State gains enormously in fulfilling to the utmost the requirements of the statute.

During the past fiscal year, of the 168 patients removed 92 were deported to foreign countries as follows:

Austria, 3; Belgium, 2; Canada, 5; Denmark, 1; England, 9; France, 6; Germany, 20; Ireland, 13; Italy, 10; Norway, 2; Scotland, 1; Sweden, 6; West Indies, 2; Bohemia, 2; China, 1; Roumania, 1; Russia, 3; Finland, 1; Holland, 1; Poland, 1; Cuba, 1; Switzerland, 1. The remaining 76 were sent to other States.

CHAPTER 16

Retirement of Commissioner Brown

A duty that is undertaken with regret and some embarrassment is the announcement of the retirement of Commissioner Goodwin Brown, the legal member of the first commission, under the law of 1889 creating this department of the State government; regretful in the sense that the State has lost a faithful and efficient public servant, and an embarrassment for the reason that a record of the full estimate of Mr. Brown's service to the State and the insane may seem an undue exaltation of the functions of this department, of which he was for so many years a prominent director.

As stated, Mr. Brown was appointed by Governor Hill in 1889 for the short term of four years, and in 1893 was reappointed by Governor Flower for the full term of six years. His term of office expired on May 15, 1899, and he was succeeded by William Church Osborn, of New York city. Mr. Brown had the satisfaction of retiring from the Commission after practically all the reforms which he conceived; urged and worked for had been consummated, and it is stating a plainly evident fact in claiming for Mr. Brown's services one of the largest factors in the improvement in the care of the insane and the improved methods of State hospital administration as they exist in the State to-day.

His forceful personality applied to his official work occasionally gave rise to some misunderstanding and irritation, but it was chiefly this characteristic which brought to a realization many of the reforms which he sought, where a milder and more conservative attitude would have failed. He was very quick, however, to regret any painful result, and to withdraw remarks which might have irritated, or to apologize for any unwonted fervor, never, however, by giving up the object which he had in view. From these causes he was often misunderstood, and his earnest

Retirement of Commissioner Brown

convictions sometimes carried him further in his aggressive efforts than he intended, although when he felt convinced of the propriety and desirability of his action, he permitted no relations or obstacles to weaken his resistance.

His education was received at the Mexico Academy and was completed at Cornell University. In 1891, Union College conferred the degree of M. A. upon him in recognition of his services to the State. After leaving Cornell, Mr. Brown engaged in mercantile pursuits for a few years, and in 1878 settled in Buffalo, where he was admitted to the bar in 1879. In January, 1883, Governor Cleveland appointed him pardon and extradition clerk in the executive office, to which position he was reappointed by Governor Hill in January, 1886, and again in 1889. In the latter year, upon the creation of the State Commission in Lunacy, Governor Hill appointed him the legal member. As above stated, he was appointed to this position for a full term in 1893. While in the Governor's office he brought about several important reforms in the extradition laws. In 1888 he represented New York at a conference of States to revise the extradition laws, was the secretary of the conference, and was appointed as a commissioner to prepare the bill for enactment by Congress, and prepared a bill upon this matter for Congress. He formulated the law providing for the reduction of sentences of convicts for good behavior; for the remission of fines in criminal cases; for revising the extradition laws of New York, and for several other quite important amendments of existing criminal laws and practices of courts.

During his office as a commissioner in lunacy he prepared and urged successfully the laws for the appointment of women physicians in State hospitals for the insane; providing for the erection of free public baths in cities of the State of New York; providing for fire protection in State institutions; providing for the appointment of committees for lunatics, and a bill to prevent counties from entering into contracts for maintenance of the poor. **I** chief claim to recognition, however, was through **his efforts** improve the condition of the insane poor of the **State of New York**.

Retirement of Commissioner Brown

When the State Commission in Lunacy was created there were more than 2,000 dependent insane in the almshouses, most of them in a state of wretchedness, degradation and squalor, which offers few parallels in modern history.

For many years the efforts of philanthropists in striving for permanent State provision for the poor insane had been defeated by the county authorities. Mr. Brown and his associates after a thorough investigation of the almshouses reported discoveries which were appalling, and wrongs, sufferings and cruelties of the insane almost beyond credence. Their report to the legislature, submitted in 1890, gave such a clear exposition of the condition of these unhappy people that the bill recommended by them was passed by a large majority. This law provided for the removal to State hospitals of all the insane poor in almshouses as soon as accommodations could be secured. During the following years appropriations were made upon the recommendation of the Commission to provide the additional accommodations, and this work was at once begun and was substantially completed by October 1, 1893. From that period all of the insane became wards of the State, supported by appropriations made by the legislature, with the exception of the insane of the counties of New York and Kings. In 1895-6 the latter counties were included in State care, and a general scheme for providing for a state tax for all purposes, to be disbursed under the direction of the Commission, was established, power being given the Commission to pass upon all supplies and construction for all of the State hospitals.

During the years through which these reforms were effected, Mr. Brown devoted his earnest, untiring and unbroken efforts towards their consummation, having solely in mind a humane standard of care for the dependent insane, who he truly believed were properly the wards of the State. In carrying into effect the many changes demanded by this legislation, it may well be supposed that the details were enormous, and that a correct and unerring system was required. None of these details escaped Mr. Brown's attention, and to him is due the largest part of credit for the almost perfect system of administration now in vogue.

Retirement of Commissioner Brown.

It will always be a satisfaction to him that this great movement was conceived, accomplished and perfected during his term of office; that he remained in office long enough to bring under one great system the hospitals for the insane of the State, providing for the proper care and maintenance of nearly 22,000 insane, carrying its heaviest burden and greatest responsibilities, showing an ability in managing the multitudinous details of this undertaking which is remarkable and worthy of the highest commendation. Although it may be said that the work he left so regretfully is far from complete, yet it has reached a degree of stability where its permanance is assured, so that Mr. Brown may feel that he has created an enduring monument, which will redound to his credit as long as history endures.

The following resolutions were adopted by the Commission and the conference of superintendents of the State hospitals upon the retirement of Commissioner Brown.

At a special session of the State Commission in Lunacy, held at Albany on the 31st day of May, 1899—present, Peter M. Wise, President; William Church Osborn, William L. Parkhurst, Commissioners—the following preamble and resolution were adopted:

WHEREAS, After a service of more than ten years as a Commissioner in Lunacy of the State of New York, the Hon. Goodwin Brown has retired from the Commission and it is appropriate that the existing Commission record its esteem of his work and administration; and

WHEREAS, The present admirable design and system of the official work of this department and of the State Hospital system is in large part due to the untiring efforts of Mr. Brown while a Commissioner, and is considered, by those best fitted to judge of its worth, worthy of the highest praise; and

WHEREAS, He was a chief factor in creating that memorable chapter in the history of lunacy in New York, known as the "State Care act"; and

WHEREAS, Mr. Brown's services to the State in this regard present an illustration of the best political economies and offer a brilliant example of humanitarianism; having been always directed to the interests of the State, and never having overlooked the safety and welfare of the insane, for which the State Care act was created; now, therefore,

Retirement of Commissioner Brown

Resolved, That, in the opinion of the Commission in Lunacy, on the retirement of Mr. Brown from the Commission, the State loses a valuable and conscientious servant; the insane, a persistent, benevolent and able advocate, and his former colleagues, a friend valued for his manhood, loyalty and the absolute courage of his convictions.

By the Commission,

T. E. MCGARR
Secretary

STATE OF NEW YORK**MEDICAL SUPERINTENDENTS — NEW YORK STATE HOSPITALS**

G. Alder Blumer, M. D., medical superintendent, Utica State Hospital.

C. G. Wagner, M. D., medical superintendent, Binghamton State Hospital.

W. A. Macy, M. D., medical superintendent, Willard State Hospital.

William Mabon, M. D., medical superintendent, St. Lawrence State Hospital.

C. W. Pilgrim, M. D., medical superintendent, Hudson River State Hospital.

E. H. Howard, M. D., medical superintendent, Rochester State Hospital.

S. H. Talcott, M. D., medical superintendent, Middletown State Hospital.

O. M. Dewing, M. D., general superintendent, Long Island State Hospital.

A. W. Hurd, M. D., medical superintendent, Buffalo State Hospital.

E. C. Dent, M. D., acting general superintendent, Manhattan State Hospital.

D. H. Arthur, M. D., medical superintendent, Gowanda State Hospital.

At a conference of medical superintendents of New York State Hospitals, held at Lake Placid on August 1, 1899, the following resolution was unanimously adopted on the retirement of Mr. Brown from the office of the State Commission in Lunacy:

Retirement of Commissioner Brown

Resolved, That in the retirement of the Hon. Goodwin Brown from the State Lunacy Commission, with which he had been identified as legal commissioner since its organization, in 1889, the State Hospital service has lost a faithful, zealous and efficient officer.

That the medical superintendents in this conference assembled recognize the important part played by Commissioner Brown in the establishment of State care of the insane, as well as his skill and ability as an administrative officer.

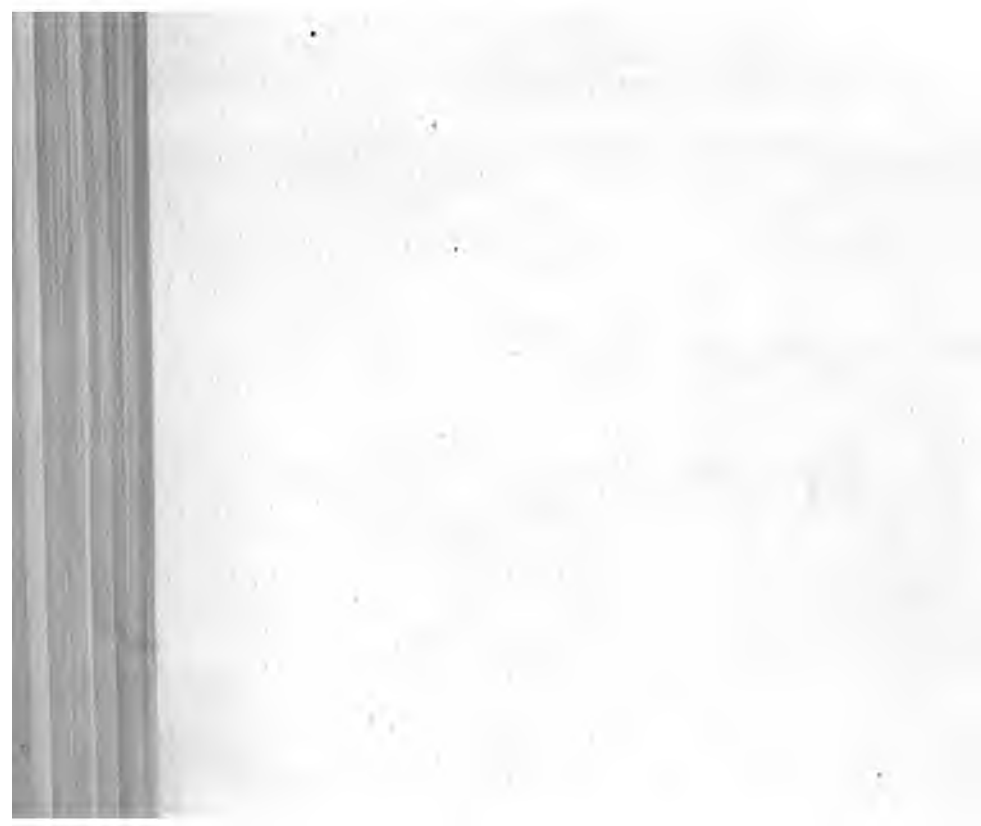
That Commissioner Brown's persistent and intelligent efforts on behalf of the dependent insane resulted in a general elevation of the standard of care throughout the State.

That the medical superintendents are sensible of their loss in official and personal fellowship, by reason of Commissioner Brown's retirement, and bespeak for him in private life a degree of prosperity and happiness commensurate with his conspicuous deserts.

By the conference,

CARROLL F. SMITH,
Secretary.

PART IV
STATISTICS



CHAPTER 17

General Statistical Review

The statistics contained in the appended tables are for the year ending September 30, 1899, although a portion of them begin with the fiscal year ending September 30, 1889, the Commission having been created previous to that date during the same year. The statistics cover the medical and financial operations of the State hospital system and the licensed private asylum system. By reason of the unification of the medical and financial records made during the year 1891, the actual results of treatment and the cost of maintenance can be determined with greater accuracy than has heretofore been the case.

The number of hospitals and asylums, public and private, for the insane September 30, 1899, was as follows:

State hospital system (exclusive of the Matteawan State Hospital for Insane Criminals).....	14
Licensed private asylum system.....	19
Total	33

Total value of hospitals and asylums, September 30, 1899:	
State hospital system (exclusive of Matteawan State Hospital)	\$22,874,061 76
Licensed private asylum system.....	3,135,393 49
Total	\$26,009,455 25

General Statistical Review

Number of persons employed by hospitals and private asylums for the insane September 30, 1899:

State hospital system.....	4,434
Licensed private asylum system.....	700
Total	5,134

Receipts of State hospitals and asylums for the insane for the fiscal year ending September 30, 1899:

State hospital system.....	\$5,099,816 21
Licensed private asylum system.....	766,084 66
Total	\$5,865,900 87

General Statistical Review

TABLE No. 1

Showing the number of registered insane remaining in the State hospitals October 1, 1898, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1899

	UTICA STATE HOSPITAL			WILLARD STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL			MIDDLETOWN STATE HOMEOPATHIC HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1898.....	515	541	1,056	1,115	1,141	2,256	972	1,060	2,032	878	636	1,514
Admitted during year ending September 30, 1899.....	.....	.....	.....	138	128	266	.....	.....	.....	108	107	215
On original commitments:												
From residences.....	147	125	272	100	81	181	267	236	493	98	98	196
By transfers from county houses.....	.....	.....	.....	10	3	13	9	2	11	7	5	12
By transfers from other institutions for insane.....	17	16	33	18	44	62	5	13	18	3	4	7
Total number under treatment during year.....	679	682	1,361	1,243	1,269	2,512	1,243	1,311	2,554	686	748	1,434
Daily average population.....	533	566	1,099	1,102	1,149	2,251	995	1,061	2,056	883	645	1,528
Capacity of Institution.....	536	597	1,133	1,111	1,169	2,280	983	1,057	2,040	850	518	1,368
Discharged during the year:												
As recovered.....	39	31	70	26	26	52	63	59	122	38	41	79
As improved.....	23	27	50	25	31	56	31	33	64	23	24	47
As unimproved.....	9	11	20	7	3	10	65	16	81	6	27	33
As not insane.....	11	.....	11	3	.....	3	.....	3	3	.....	.....	.....
Died.....	52	39	91	76	67	143	116	115	231	45	37	82
Whole number discharged during the year.....	134	108	242	142	117	259	275	226	501	112	129	241
Remaining October 1, 1899.....	545	574	1,119	1,101	1,152	2,253	968	1,065	2,033	574	614	1,188

General Statistical Review

TABLE No. 1—(Continued)

Showing the number of registered insane remaining in the State hospitals October 1, 1898, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1899

	BUFFALO STATE HOSPITAL			ERASMUS STATE HOSPITAL			ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1898.....	635	877	1,512	611	727	1,338	721	679	1,400	276	295	571
Admitted during year ending September 30, 1899.....	393	413	806	128	130	258	206	154	360	110	105	215
On original commitments:												
From residences.....	208	176	384	117	113	230	151	149	300	101	99	200
By transfers from county houses.....	3	6	9	10	8	18	5	5	10	4	3	7
By transfers from other institutions for insane.....	182	231	413	1	4	5	50	.....	50	5	3	8
Total number under treatment during year.....	1,028	1,290	2,318	739	857	1,596	927	833	1,760	386	400	786
Partly average population.....	767	920	1,687	607	734	1,341	778	691	1,473	274	289	563
Capacity of institution.....	863	1,018	1,881	605	697	1,302	792	650	1,442	218	262	480
Discharged during the year:												
As recovered.....	35	51	86	33	47	80	56	87	93	17	23	40
As improved.....	48	54	102	29	33	62	31	18	49	31	31	62
As unimproved.....	45	125	170	8	14	22	9	7	16	39	34	73
As not insane.....	15	8	23	2	1	3	8	.....	8	.....	.....	.....
Died.....	64	61	125	60	67	127	79	54	133	33	24	57
Whole number discharged during the year.....	207	299	506	132	132	264	164	116	280	120	112	232
Remaining October 1, 1899.....	621	991	1,612	607	735	1,342	763	717	1,480	266	288	554

General Statistical Review

TABLE No. 1—(Concluded)

Showing the number of registered insane remaining in the State hospitals October 1, 1898, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1899

	LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL			GOWANDA STATE HOSPITAL			ALL HOSPITALS		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1898.....	1,343	1,578	2,921	3,119	3,425	6,544	101	.....	101	9,886	10,959	20,845
Admitted during year ending September 30, 1899.....	621	961	1,582	646	724	1,370	.....	.....	.....	2,340	2,722	5,062
On original commitments:												
From residents.....	331	334	665	575	687	1,213	34	89	73	2,119	2,062	4,201
By transfers from county houses.....	.....	.....	.....	58	78	136	1	..	1	107	110	217
By transfers from other institutions for insane.....	290	637	927	13	9	22	44	136	180	628	1,097	1,725
Total number under treatment during year.....	1,864	2,539	4,403	3,765	4,149	7,914	180	175	355	12,740	14,248	26,988
Daily average population.....	1,429	1,977	3,406	2,834	2,993	5,827	129	87	216	10,031	11,115	21,146
Capacity of institution.....	1,275	2,048	3,323	2,180	2,064	4,234	165	164	329	9,278	10,284	19,512
Discharged during the year:												
As recovered.....	128	90	218	79	96	175	7	7	14	531	488	1,009
As improved.....	49	82	131	233	232	374	4	4	3	421	510	931
As unimproved.....	7	13	20	464	837	1,301	2	2	4	661	1,089	1,750
As not insane.....	8	6	14	.....	1	1	.....	.....	.....	43	19	61
Died.....	154	175	329	283	253	536	9	8	17	973	880	1,853
Whole number discharged during the year.....	341	327	668	949	1,420	2,369	22	20	42	2,618	2,996	5,614
Remaining October 1, 1899.....	1,533	2,313	3,735	2,796	2,729	5,525	157	156	313	10,121	11,253	21,374

General Statistical Review

TABLE No. 2
General Statement of the State Hospitals October 1, 1899

	Utica State Hospital	Willard State Hospital	Hudson River State Hospital	Middletown State Hospital	Buffalo State Hospital	Englewood State Hospital
Date of opening.....	1848	1869	1871	1874	1880	1881
Total acreage of grounds and buildings.....	439	1,127	750 7-30	281	125	1,000
Value of real estate, including buildings.....	\$1,500,000 00	\$1,500,000 00	\$2,412,795 01	\$1,127,046 16	\$2,500,000 00	\$250,000 00
Value of personal property.....	\$25,000 00	\$214,800 00	\$215,770 74	\$25,700 00	\$197,967 70	\$175,000 00
Average under cultivation.....	270	280	685	210	70	611
Receipts during year, maintenance fund:						
Balance on hand October 1, 1898.....	\$10,525 81	\$4,528 20	\$5,105 97	\$11,086 95	\$4,173 20	\$2,809 17
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	157,385 64	\$44,000 91	\$77,125 75	175,200 73	261,470 05	265,010 19
From private patients.....	16,439 61	716 25	12,000 00	44,200 81	6,204 24	2,564 65
From reimbursing patients.....	9,488 86	19,651 56	12,703 80	11,200 00	12,616 77	5,164 60
From all other sources.....	2,515 44	1,976 97	2,200 00	1,000 00	8,007 30	689 16
Total receipts for maintenance.....	\$206,335 36	\$73,263 64	\$99,040 73	\$200,000 25	\$287,070 76	\$345,773 06
Total receipts from State Commission in Lunacy for extraordinary improvements.....						
Balance on hand October 1, 1898, manufacturing department.....	\$10,547 20	\$28,100 24	\$27,419 02	\$9,400 08	\$19,800 00	\$45,854 46
Total receipts from manufacturing fund.....	46,013 66	1,604 70	431 06	.....	.....	.....
Receipts from Comptroller, manufacturing department.....	19,350 10	.....	.....	.....	.....	.....
Disbursements during year for maintenance:						
Estimate No. 1. For officers' salaries.....	\$16,000 00	\$21,200 00	\$21,000 12	\$19,517 20	\$20,557 50	\$20,100 00
Estimate No. 2. For doctors' salaries.....	70,100 00	70,100 00	\$21,014 72	70,100 00	\$24,719 97	\$24,000 00
Estimate No. 3. For physicians and stores.....	40,700 00	300,770 00	\$27,204 74	77,204 97	\$54,700 00	\$54,000 00
Estimate No. 4. For ordinary repairs.....	4,815 91	9,817 41	10,000 00	5,000 13	5,000 14	5,000 00
Estimate No. 5. For farm and grounds.....	9,571 64	7,500 00	10,000 00	5,000 13	5,000 14	5,000 00
Estimate No. 6. For clothing.....	4,200 00	2,000 00	11,000 00	3,000 13	10,100 14	5,000 00
Estimate No. 7. For furniture and bedding.....	1,611 86	2,000 00	11,000 00	4,000 13	6,000 14	5,000 00
Estimate No. 8. For books and stationery.....	12,121 86	25,000 00	2,000 00	1,000 70	1,700 00	1,000 00
Estimate No. 9. For fuel and light.....	1,000 00	4,000 00	2,000 00	15,000 00	12,000 00	25,000 00
Estimate No. 10. For medical supplies.....	3,000 00	4,000 00	8,000 00	1,000 00	8,000 00	1,000 00
Estimate No. 11. For miscellaneous expenses.....	3,000 00	9,011 14	11,000 00	5,100 00	8,000 00	5,000 00
Estimate No. 12. For transportation.....	1,000 00	5,000 00	4,000 00	1,000 00	1,000 00	5,000 00
Total disbursements, estimates 1 to 12 inclusive.....	\$150,350 40	\$280,900 17	\$200,000 00	\$200,000 00	\$270,000 00	\$250,000 00
Remitted to State Treasurer under chapter 800, Laws 1899.....	\$15,000 00	\$15,000 00	\$15,000 00	\$15,000 00	\$15,000 00	\$15,000 00

STATE COMMISSION IN LUNACY

General Statistical Review

TABLE No. 1—(Concluded)
Showing the number of registered insane remaining in the State hospitals October 1, 1898, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1899

	LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL			GOWANDA STATE HOSPITAL			ALL HOSPITALS		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1898.....	1,243	1,578	2,821	3,119	3,425	6,544	101	.....	101	9,886	10,959	20,845
Admitted during year ending September 30, 1899.....	621	961	1,582	646	724	1,370	.....	.....	.....	2,340	2,722	5,062
On original commitments:												
From residences.....	331	324	655	575	637	1,212	34	39	73	2,119	2,082	4,201
By transfers from county houses.....	.....	.....	.....	58	78	136	1	..	..	1	107	110
By transfers from other institutions for insane.....	280	637	917	13	9	22	44	136	180	628	1,097	1,725
Total number under treatment during year.....	1,864	2,539	4,403	3,765	4,149	7,914	180	175	355	12,740	14,348	26,988
Daily average population.....	1,429	1,977	3,406	2,834	2,993	5,827	129	87	216	10,031	11,115	21,146
Capacity of institution.....	1,275	2,048	3,323	2,180	2,654	4,834	165	164	329	9,378	10,334	19,512
Discharged during the year:												
As recovered.....	123	90	213	79	96	175	7	7	14	531	436	1,009
As improved.....	49	43	92	141	233	374	4	3	7	510	510	1,020
As unimproved.....	7	13	20	464	887	1,351	2	2	4	662	1,769	2,431
As not insane.....	.....	6	14	.....	1	1	.....	.....	.....	42	19	61
Died.....	154	175	329	285	253	538	9	.....	8	973	890	1,863
Whole number discharged during the year.....	341	327	668	969	1,420	2,389	22	20	42	2,618	2,996	5,614
Remaining October 1, 1899.....	1,523	2,212	3,735	2,796	2,729	5,525	157	156	313	10,121	11,253	21,374

General Statistical Review

TABLE No. 2—(Concluded)
General Statement of the State Hospitals October 1, 1899

	St. Lawrence State Hospital	Rochester State Hospital	Long Island State Hospital	Manhattan State Hospital	Gowanda State Hospital	All Hospitals
Date of opening.....	1890	1891	1895	1896	1898	7,707 1
Total acreage of grounds and buildings.....	990	54,755	990	1,356	500	\$21,154,415 51
Value of real estate, including buildings.....	\$2,354,736 20	\$239,500 00	\$4,700,000 00	\$4,889,453 48	\$456,833 48	\$1,713,731 46
Value of personal property.....	\$134,153 72	\$19,477 85	\$234,557 24	\$570,457 99	\$37,229 63	\$1,038 94
Average under cultivation.....	421	101,755	490	808	309	
Receipts during the year, maintenance fund:						
Balance on hand October 1, 1898.....	\$3,601 97	\$2,347 57	\$1,259 94	\$1,101 84	\$953 83	\$55,448 96
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	264,158 89	109,117 49	540,031 05	1,041,900 23	65,703 68	3,595,917 56
From private patients.....	2,164 20	456 86				90,591 59
From reimbursing patients.....	7,568 50	6,223 75	19,134 68	7,452 99	645 31	113,895 92
From all other sources.....	2,327 94	896 46	5,065 69	1,867 85	735 67	20,640 08
Total receipts for maintenance.....	\$279,821 50	\$118,542 13	\$571,271 43	\$1,062,332 40	\$69,060 49	\$3,875,322 97
Total receipts from State Commission in Lunacy for extraordinary im- provements.....	\$40,125 89	\$25,573 59	\$213,510 25	\$174,957 16	\$188,283 80	\$1,127,201 38
Balance on hand October 1, 1898, manufacturing department.....			600 00	4,960 64		96,990 86
Total receipts from manufacturing fund.....	27,393 35	15,636 66				
Disbursements during year for maintenance:						
Estimate No. 1. For salaries.....	\$19,695 50	\$15,730 69	\$35,564 21	\$70,462 53	\$10,945 54	\$271,946 98
Estimate No. 2. For wages.....	101,746 20	39,948 43	302,344 89	379,958 81	21,854 95	1,944,836 69
Estimate No. 3. For provisions and stores.....	78,629 83	27,163 87	181,879 04	335,339 53	15,548 95	1,224,351 53
Estimate No. 4. For ordinary repairs.....	5,307 43	3,338 53	11,963 94	24,800 23	9,335 43	87,954 84
Estimate No. 5. For farm and grounds.....	6,304 26	5,298 92	17,534 27	14,591 68	2,063 11	91,773 10
Estimate No. 6. For clothing.....	9,632 69	4,692 00	20,545 11	42,902 07	3,461 79	140,010 98
Estimate No. 7. For furniture and bedding.....	5,562 70	3,315 53	10,506 94	14,165 57	1,893 49	73,946 79
Estimate No. 8. For books and stationery.....	1,626 96	965 81	5,742 32	6,491 14	1,151 96	56,599 56
Estimate No. 9. For fuel and light.....	31,493 41	10,804 38	52,035 26	99,261 78	4,023 11	351,535 36
Estimate No. 10. For medical supplies.....	1,450 45	774 64	3,109 61	99,261 78	4,023 11	92,587 60
Estimate No. 11. For miscellaneous expenses.....	6,134 13	3,895 72	19,031 23	54,537 53	3,250 23	121,481 98
Estimate No. 12. For transportation.....	8,500 17	584 18	2,093 12	40 42	487 50	50,335 53
Total disbursements, estimates 1 to 12 inclusive.....	\$274,303 72	\$115,448 03	\$560,605 94	\$1,099,174 95	\$67,474 44	\$3,772,600 89
Remitted to State Treasurer under chapter 260, Laws 1899.....	\$4,021 13	\$2,510 34				

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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$40,070 72	\$25,479 49	\$213,910 25	\$474,927 15	\$135,853 80	\$1,125,043 77
Total disbursements during year for manufacturing fund.....	19,555 95	15,449 45	.....	2,476 74	.....	75,373 71
Disbursements under chapter 380, Laws 1899.....	.....	.....	.....	.....	.....	.....
Balance October 1, 1899.....	.....	764 95	.....	.....	.....	1,307 81
General maintenance fund.....	1,408 65	577 74	1,259 94	3,157 45	184 05	17,513 56
Apportionments by State Commission in Lunacy for extraordinary im- provements.....	5,517 00	.....	267,101 87	.....	.....	274,020 81
Manufacturing fund.....	2,073 01	187 21	6 00	2,453 90	.....	4,816 46
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3 53	3 93	3 16	3 49	6 04	3 46
Maximum rate of wages paid attendants:						
Men.....	31 00	33 00	30 00	35 00	29 00	33 00
Women.....	28 00	29 00	24 00	30 00	23 00	23 00
Minimum rate of wages paid attendants:						
Men.....	20 00	20 00	20 00	20 00	20 00	20 00
Women.....	14 00	14 00	14 00	14 00	14 00	14 00
Proportion of day attendants to average daily population.....	1 to 8	1 to 10,439	1 to 10,45	1 to 10	1 to 11,44	.....
Proportion of night attendants to average daily population.....	1 to 49	1 to 31,193	1 to 49,07	1 to 50	1 to 88,40	.....
Percentage of daily patient population engaged in some kind of useful occupation.....	45	74.9	69.7	66	.....	.....
Estimated value of farm and garden products during year.....	\$26,268 35	\$11,177 18	\$27,621 94	\$25,776 47	\$10,583 30	\$236,547 86
Estimated value of articles made or manufactured by patients during year.....	19,506 92	11,005 35	36,556 13	114,310 00	467 63	292,780 05

General Statistical Review

TABLE No. 3

Showing the assigned causes of insanity in cases admitted to the State hospitals during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1909			INHERITED PREDISPOSITION			Unascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	127	216	343	28	41	69	27
Mental strain, worry and overwork (not included in the above)	142	208	350	24	54	78	20
Religious excitement	23	42	65	6	9	15	3
Love affairs (including seduction)	18	38	56	1	11	12	2
Fright and nervous shock	12	36	48	1	6	7	2
Physical:							
Intemperance	414	95	509	58	12	70	64
Sexual excess	24	1	25	5	.....	5	.....
Veneral diseases	102	12	114	16	4	20	8
Masturbation	120	8	128	21	2	23	20
Sunstroke	56	8	64	2	2	4	5
Accident or injury	94	23	127	12	5	17	12
Pregnancy	.....	21	21	.....	5	5	2
Parturition and puerperium	.....	99	99	.....	21	21	2
Lactation	.....	9	9	.....	.....	.....	.....
Change of life	.....	114	114	.....	85	85	7
Fever	15	12	27	1	1	2	2
Privation and overwork	54	42	96	12	12	24	9
Epilepsy	107	70	177	26	14	40	19

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Other convulsive disorders	3	1	4	1	1
Diseases of skull and brain	39	24	63	7	1	8	1	11	11
Old age	144	97	241	22	.....	32	10	47	47
Exophthalmic goitre .....	.....	3	3	.....	.....	.....	.....	.....	.....
Epidemic influenza	27	37	64	5	.....	15	10	4	4
Abuse of drugs	23	25	48	5	.....	11	6	4	4
Loss of special sense	1	6	7	.....	.....	2	2	1	1
Uraemic poisoning	4	.....	4	.....	.....	.....	.....	1	1
Other auto-infection	1	.....	1	3	.....	3	.....	4	4
All other bodily disorders and ill health	116	206	322	11	.....	57	46	30	30
Heredity	166	215	381	139	.....	322	183	1	1
Congenital defect	31	26	57	8	.....	13	5	11	11
Unascertained	676	942	1,618	122	.....	233	111	570	570
Not insane	38	20	58	1	.....	1	.....	.....	.....
Total	2,577	2,666	5,243	538	608	1,146	894	894	894

General Statistical Review

TABLE No. 4

Showing the form of insanity in those admitted, recovered and died in the State hospitals during the year ending September 30, 1899, and since October 1, 1888

FORM	UTICA STATE HOSPITAL						WILLARD STATE HOSPITAL						HUDSON RIVER STATE HOSPITAL					
	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died
Mania, acute delirious.....	53	22	4	885	406	96	2	2	2	495	212	61	4	66	38	1	62	13
Mania, acute.....	11	9	1	62	38	2	5	8	1	66	34	12	1	18	2	2	102	33
Mania, recurrent.....	87	13	1	328	5	63	6	25	23	503	23	349	34	9	357	9	357	10
Mania, chronic.....	100	35	11	1,139	516	104	74	29	8	128	243	148	164	77	32	1,440	643	168
Mania, melancholia, acute.....	9	3	1	44	39	6	1	1	1	11	4	1	11	1	1	109	35	137
Mania, melancholia, simple.....	8	1	1	241	18	90	37	5	13	452	30	111	4	17	872	20	137	137
Mania, melancholia, chronic.....	7	1	1	30	18	3	1	1	1	8	1	1	12	1	1	69	9	9
Alternating (circular) insanity.....	12	1	1	30	18	3	1	1	1	101	32	33	33	321	33	321	281	281
General paralysis.....	12	1	1	180	108	128	15	19	19	101	32	33	33	321	33	321	281	281
Dementia, primary.....	44	1	1	35	12	2	1	1	1	1	1	1	1	1	1	47	16	16
Dementia, terminal.....	44	1	1	749	307	307	75	71	71	1,586	147	23	101	108	1,029	22	633	633
Epilepsy with insanity.....	5	4	1	153	3	46	8	6	6	176	147	23	101	108	1,029	22	633	633
Imbecility with maniacal attacks.....	7	1	1	41	4	4	8	3	3	96	16	21	21	21	6	6	173	1
Idiocy.....	11	1	1	93	2	2	3	1	1	87	15	15	2	2	3	3	3	3
Not insane*.....	11	1	1	93	2	2	3	1	1	87	15	15	2	2	3	3	3	3

* Includes cases of alcoholism, drug habit, etc.

General Statistical Review

TABLE NO. 4—(Continued)

Showing the form of insanity in those admitted, recovered and died in the State hospitals during the year ending September 30, 1899, and since October 1, 1898

FORM	MIDDLETOWN STATE HOMEOPATHIC HOSPITAL						BUFFALO STATE HOSPITAL						BINGHAMTON STATE HOSPITAL					
	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1898			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1898			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1898		
	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died
Mania, acute delirious.....	1			10		11	2	8	1	10	4	6	1			1		8
Mania, acute.....	33	36	1	712	474	47	60	83	4	972	477	79	5	7	285	134	30	
Mania, recurrent.....	9	3		31	23		7		1	55	34	3	3	5	88	41	14	
Mania, chronic.....	11		3	191	13	53			7	292	8	28	10	3	423	68	128	
Mania, chronic, acute.....	80	41	8	980	537	72	91	48	4	1,157	504	115	72	34	822	156	30	
Melancholia, simple.....	3	1		3	1					3	1		4	1	5	5	2	
Melancholia, chronic.....	9	3	8	101	14	51	25		8	168	13	44	15	2	337	49	86	
Alternating (circular) insanity.....	2	1		14	1				1	4		1	2		9		1	
Paranoia.....	11			165	23	12	5		1	22			5		13			
General paralysis.....	10		11	164		127	34		17	219			19		10		100	
Dementia, primary.....	27	1		568	7					581	3		50		100		10	
Dementia, terminal.....	5		47	18		33	470		66	1,881	64	469	30		674	11	425	
Epilepsy with insanity.....	10	3	1	67	3	16	189		15	174	6	83	10	1	11	167	2	
Impediment with maniacal attacks.....	10	3	1	67	3	16	17		1	51			4		21		1	
Idiocy.....	2			2		4				9			3		10		1	
Not insane.....	2		1	14			19			159		2	3		8			

* Includes cases of alcoholism, drug habit, etc.

General Statistical Review

TABLE No. 4—(Concluded)
Showing the form of insanity in those admitted, recovered and died in the State hospitals during the year ending September 30, 1899, and since October 1, 1898

FORM	MANHATTAN STATE HOSPITAL				GOWANDA STATE HOSPITAL				ALL HOSPITALS			
	YEAR ENDING SEPT. 30, 1899		SINCE OCTOBER 1, 1898		YEAR ENDING SEPT. 30, 1899		SINCE OCTOBER 1, 1898		YEAR ENDING SEPT. 30, 1899		SINCE OCTOBER 1, 1898	
	Admitted	Recovered	Died		Admitted	Recovered	Died		Admitted	Recovered	Died	
Mania, acute delirious.....	138	49	32	4	25	6	17	1	19	4	14	84
Mania, acute.....	14	6	3	2	2,670	613	576	17	705	341	87	3,720
Mania, recurrent.....	69	19	353	3	275	91	31	4	103	55	10	908
Mania, chronic.....	440	114	51	114	5,272	1,175	339	12	373	11	117	3,222
Melancholia, simple.....	123	5	65	5	1,451	21	333	12	1,477	54	18	3,226
Melancholia, circular.....	123	5	65	5	1,451	21	333	12	1,477	54	18	3,226
Alternating (circular) insanity.....	123	5	65	5	1,451	21	333	12	1,477	54	18	3,226
Paranoia.....	16	3	43	3	50	1	1	1	333	24	161	3,924
General paralysis.....	194	113	1,357	1	43	1	1	1	12	2	1	127
Dementia, primary.....	17	3	537	3	1,357	1	1	1	110	9	9	534
Dementia, terminal.....	235	217	2,491	2	78	161	1	1	414	6	304	3,723
Epilepsy with insanity.....	63	25	357	25	2,541	130	11	74	32	5	6	1,282
Imbecility with maniacal attacks.....	47	1	351	1	168	13	11	4	1,346	1	579	12,143
Idiocy.....	1	1	35	1	35	6	7	4	201	4	110	1,890
Not insane.....	1	1	26	1	26	7	1	3	136	5	19	1,010
									59	1	2	143
									59	1	2	428
												12

* Includes cases of alcoholism, drug habit, etc.

General Statistical Review

TABLE No. 4—(Continued)

Showing the form of insanity in those admitted, recovered and died in the State hospitals during the year ending September 30, 1899, and since October 1, 1888

FORM	ST. LAWRENCE STATE HOSPITAL						ROCHESTER STATE HOSPITAL						LONG ISLAND STATE HOSPITAL					
	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888			YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died	Admitted	Recovered	Died
Mania, acute delirious.....	55	38	5	586	316	44	37	15	5	390	142	31	141	74	7	13	533	137
Mania, acute.....	1	2	1	345	19	4	14	3	...	77	33	5	17	21	1	116	74	6
Mania, recurrent.....	35	32	7	385	5	75	32	3	5	174	10	44	71	6	24	646	50	166
Mania, chronic.....	81	52	3	193	225	60	32	13	3	177	82	15	202	94	16	1,373	489	194
Melancholia, acute.....	1	1	...	193	50	6	13	4	...	126	35	7	1	1	2	20	8	2
Melancholia, simple.....	23	16	10	243	4	55	8	1	1	76	7	15	38	7	22	451	94	154
Melancholia, chronic.....	3	...	...	210	...	...	...	...	...	12	3	...	...	...	...	10	...	...
Alternating (circular) insanity.....	12	...	...	51	...	...	...	...	...	12	...	...	...	...	...	...	...	...
Paranoia.....	25	24	...	175	1	136	13	...	...	61	103	73	61	53	53	129	...	...
General paralysis.....	3	...	...	59	7	21	3	...	...	1	20	8	4	3	...	...	...	...
Dementia primary.....	95	65	12	1,023	358	358	47	...	...	27	383	3	81	163	1,090	535	271	...
Dementia, terminal.....	16	12	...	156	4	51	7	...	...	3	60	...	24	24	3	1,301	17	855
Epilepsy with insanity.....	6	...	...	89	...	...	3	...	...	37	...	...	7	2	26	301	21	157
Imbecility with maniacal attacks.....	2	30	3	88	3	...
Idiocy.....	3	84	13
Not insane.....	37

* Includes cases of alcoholism, drug habit, etc.

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FORM

* Includes cases of alcoholism, drug habit, etc.

General Statistical Review

TABLE No. 5
Showing results of treatment in presumably curable cases in the State hospitals for the current year

CURABLE CONDITIONS	PRESENT AT BEGINNING OF YEAR			ADMITTED DURING YEAR			UNDER TREATMENT DURING YEAR		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Melancholia in acute forms:									
First admission	415	490	905	568	653	1,221	983	1,143	2,126
Second admission	44	34	78	61	46	107	105	80	185
Third admission	7	10	17	13	12	25	20	22	42
Mania in acute forms:									
First admission	176	271	447	292	326	618	468	597	1,065
Second admission	26	38	64	46	52	98	72	90	162
Third admission	10	14	24	17	11	28	27	25	52
All other curable forms:									
First admission	51	106	157	20	28	48	71	133	204
Second admission	7	5	12	12	6	18	19	11	30
Third admission	7	3	10	3	2	5	10	5	15

TABLE NO. 3—(Continued)

Showing results of treatment in presumably curable cases in the State hospitals for the current year

LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED																		
CURABLE CONDITIONS	UNDER 3 MONTHS		FROM 3 MONTHS TO 1 YEAR		FROM 1 TO 2 YEARS		FROM 2 TO 3 YEARS		FROM 3 TO 4 YEARS		FROM 4 TO 5 YEARS		BETWEEN 5 AND 10 YEARS		AVERAGE LENGTH OF IMMUNITY			
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	MEN		WOMEN	
															Years	Months	Years	Months	Years	Months
Melancholia in acute forms:																		
First admission.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Second admission....	10	5	13	17	13	9	5	7	5	2	5	4	5	7	1	6	1	7
Third admission.....	...	...	3	2	3	2	3	3	2	3	2	...	2	3	2	3	2	6
Mania in acute forms:																		
First admission.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Second admission....	4	5	11	10	4	9	8	4	6	4	2	4	6	7	1	11	1	11
Third admission.....	2	...	4	5	6	2	1	1	1	...	2	1	4	...	2	...	1	1
All other curable forms:																		
First admission.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
Second admission....	2	...	2	...	2	...	2	1	...	1	...	1	2	...	1	8	3	...
Third admission.....	...	...	1	...	1	...	1	...	...	...	...	...	1	...	3	6	...	7.5

General Statistical Review

TABLE No. 5—(Concluded)
Showing results of treatment in presumably curable cases in the State hospitals for the current year

CURABLE CONDITIONS	DISCHARGED RECOVERED DURING YEAR			AVERAGE LENGTH OF TREAT- MENT OF RECOVERED CASES (LAST ATTACK)				END DURING YEAR			TRANSFERRED TO OTHER GROUPS			REMAIND AT CLOSE OF FISCAL YEAR		
	Men	Women	Total	MEN		WOMEN		Men	Women	Total	Men	Women	Total	Men	Women	Total
				Years	Months	Years	Months									
Melancholia in acute forms:																
First admission.....	260	256	516	.....	8.5	.....	7.4	38	68	106	216	236	452	376	525	901
Second admission.....	27	20	47	.....	8	.....	9	3	3	6	26	18	44	47	44	91
Third admission.....	5	3	8	.....	6	.....	10	1	1	2	1	1	2	9	15	24
Mania in acute forms:																
First admission.....	174	145	319	.....	8	.....	11.5	30	43	73	90	117	207	168	254	422
Second admission.....	21	27	48	.....	6.5	.....	7.5	3	4	7	20	16	36	26	43	69
Third admissions.....	6	8	14	.....	11	.....	5.5	.....	2	2	10	4	14	10	11	21
All other curable forms:																
First admission.....	10	19	29	.....	11	.....	2	3	.....	3	27	17	44	30	49	79
Second admission.....	7	6	13	.....	7	.....	1	1	.....	1	5	1	6	6	3	9
Third admission.....	2	2	4	.....	9.5	.....	4	.....	.....	.....	5	1	6	3	3	6

General Statistical Review

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the State hospitals during the current year and since October 1, 1888

DURATION PREVIOUS TO ADMISSION	YEAR ENDING SEPTEMBER 30, 1899		
	Men	Women	Total
Under one month.....	182	152	334
One to three months	145	144	289
Three to six months	45	59	104
Six to nine months	29	36	65
Nine months to one year	6	9	15
One year to eighteen months.....	21	19	40
Eighteen months to two years.....	7	5	12
Two to three years	12	16	28
Three to four years	9	4	18
Four to five years	3	5	8
Five to ten years	8	2	5
Ten to twenty years	1	3	4
Unascertained.....	58	34	92
Total	521	488	1,009

PERIOD UNDER TREATMENT			
Under one month	11	1	12
One to three months	102	68	170
Three to six months.....	188	163	351
Six to nine months.....	85	100	185
Nine months to one year	37	47	84
One year to eighteen months.....	60	56	116
Eighteen months to two years.....	7	10	17
Two to three years.....	12	15	27
Three to four years	2	11	13
Four to five years	6	8	14
Five to ten years	9	7	16
Ten to twenty years	2	2	4
Total	521	488	1,009

General Statistical Review

TABLE No 6—(Concluded)

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the State hospitals during the current year and since October 1, 1888

DURATION PREVIOUS TO ADMISSION	SINCE OCTOBER 1, 1888		
	Men	Women	Total
Under one month	1,596	1,595	3,191
One to three months	1,064	1,176	2,240
Three to six months	497	584	1,081
Six to nine months	284	298	582
Nine months to one year	102	105	207
One year to eighteen months	173	192	365
Eighteen months to two years	54	51	105
Two to three years	110	116	226
Three to four years	58	50	108
Four to five years	31	31	62
Five to ten years	61	59	120
Ten to twenty years	25	39	64
Unascertained	794	587	1,381
Total	4,849	4,883	9,732

PERIOD UNDER TREATMENT.			
Under one month	142	88	230
One to three months	1,042	793	1,835
Three to six months	1,468	1,500	2,968
Six to nine months	840	960	1,800
Nine months to one year	449	537	986
One year to eighteen months	454	500	954
Eighteen months to two years	146	169	315
Two to three years	148	174	322
Three to four years	74	73	147
Four to five years	36	29	65
Five to ten years	42	48	90
Ten to twenty years	7	12	19
Total	4,849	4,883	9,732

TABLE No. 7
Showing the causes of death of patients who died in the State hospitals during the current year and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific Infectious Diseases:						
Typhoid fever.....	6	5	11	48	37	85
Scarlet fever.....	.....	.....	.....	1	.....	1
Measles.....	.....	.....	.....	.....	1	1
Mumps.....	1	3	4	1	6	7
Small pox.....	.....	.....	.....	2	2	4
Influenza.....	9	17	26	22	72	94
Cerebro-spinal meningitis.....	.....	.....	.....	1	2	3
Diphtheria.....	.....	.....	.....	2	1	3
Erysipelas.....	2	3	5	37	49	86
Septicemia and pyemia.....	3	3	6	71	28	99
Dysentery.....	12	21	33	57	85	142
Malarial affections.....	.....	1	1	4	4	8
Syphilis.....	.....	1	1	5	9	14
Tuberculosis.....	83	176	259	714	1,929	2,643
Constitutional Diseases:						
Rheumatism (or rheumatic affections).....	.....	1	1	1	4	5
Arthritis Deformans.....	.....	.....	.....	.....	1	1
Gout.....	.....	.....	.....	.....	1	1
Diabetes mellitus and diabetes insipidus.....	1	1	2	4	6	10
Scurvy, purpura and hæmophilia.....	.....	2	2	3	12	15

General Statistical Review

TABLE No. 7—(Concluded)

Showing the causes of death of patients who died in the State hospitals during the current year and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1889			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the Digestive System:						
Mouth, salivary glands, pharynx, tonsils and œsophagus	.....	1	1	7	4	11
Diseases of the stomach	2	1	3	18	38	56
Diseases of the intestines	35	57	92	436	509	945
Diseases of the liver	1	8	9	47	37	84
Diseases of the pancreas	.....	.....	.....	1	.....	1
Diseases of the peritoneum	3	5	8	51	44	95
Diseases of the Respiratory System:						
Diseases of the nose and larynx	.....	.....	.....	4	3	7
Diseases of the bronchi	3	12	15	64	65	129
Diseases of the lungs	142	69	211	1,173	695	1,868
Disease of the pleura	.....	1	1	18	20	38
Diseases of the Circulatory System:						
Diseases of the pericardium	.....	3	3	7	11	18
Diseases of the heart	86	98	184	650	784	1,434
Astero-sclerosis	17	4	21	36	13	49
Aneurism	1	1	2	9	13	22
Diseases of the Blood and Ductless Glands:						
Anemia, pernicious anemia and leukemia	.....	3	3	5	8	13
Hodgkin's disease, Addison's disease and myxœdema	.....	2	2	2	2	4
Exophthalmic goitre	.....	.....	.....	.....	3	3
Diseases of the genito-urinary system	53	38	91	459	429	888

General Statistical Review

TABLE No. 8
Showing hereditary tendency to insanity in patients admitted to the State hospitals during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1890			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	144	192	336	1,667	1,529	3,196
Maternal branch.....	181	231	412	1,703	2,031	3,734
Paternal and maternal branches....	26	35	61	297	336	633
Collateral branches.....	226	231	457	1,867	2,366	4,233
No hereditary tendency.....	1,340	1,443	2,783	11,821	11,441	23,262
Unascertained.....	649	534	1,183	9,980	8,541	18,521
Total.....	2,566	2,666	5,232	27,335	26,244	53,579

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CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1909			SINCE OCTOBER 1, 1898		
	Men	Women	Total	Men	Women	Total
Single.....	1,293	1,013	2,306	13,534	9,854	23,388
Married.....	1,014	1,152	2,166	11,095	11,204	22,299
Widowed.....	222	471	693	2,302	4,821	7,123
Divorced.....	92	22	44	99	117	216
Unascertained.....	26	8	34	386	255	641
Total.....	2,577	2,666	5,243	27,416	26,251	53,667

TABLE No. 9

Showing civil condition of patients admitted to the State hospitals during the current year and since October 1, 1898

General Statistical Review

TABLE No. 10
Showing degree of education of patients admitted to the State hospitals during the current year and since
October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate	60	14	74	603	104	706
Academic	94	139	233	999	1,076	2,075
Common school	1,658	1,463	3,116	14,038	11,387	25,425
Read and write	194	363	557	5,611	5,909	11,520
Read only	79	112	191	1,025	1,495	2,520
No education	133	281	414	1,394	2,672	4,066
Unascertained	364	294	658	3,247	3,618	6,865
Total	2,577	2,666	5,243	27,416	26,261	53,677

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TABLE No. 11

the duration of insanity previous to admission, and the period of treatment of patients who died in the State hospitals during the current year and since October 1, 1888

DURATION PREVIOUS TO ADMISSION	YEAR ENDING SEPTEMBER 30, 1890		
	Men	Women	Total
One month	96	98	194
Three months	124	92	216
Six months	83	44	127
Nine months	78	50	128
Ten months to one year	24	23	47
One year to eighteen months	84	52	136
Eighteen months to two years	32	23	55
Two to three years	69	43	112
Three to four years	37	43	80
Four to six years	46	49	95
Six to ten years	38	48	86
Ten to twenty years	47	62	109
Twenty years and over	38	47	85
None*	2	.....	2
Total	175	216	391
Grand Total	973	890	1,863

PERIOD UNDER TREATMENT			
One month	125	78	203
Three months	110	78	188
Six months	81	84	165
Nine months	64	52	116
Ten months to one year	48	42	90
One year to eighteen months	99	78	177
Eighteen months to two years	44	21	65
Two to three years	108	77	185
Three to four years	74	79	153
Four to six years	69	77	146
Six to ten years	70	114	184
Ten to twenty years	52	79	131
Twenty years and over	29	31	60
Grand Total	973	890	1,863

* Includes cases of alcoholism, drug habit, etc.

General Statistical Review

TABLE No 11—(Concluded)

Showing the duration of insanity previous to admission, and the period under treatment of patients who died in the State hospitals during the current year and since October 1, 1888

DURATION PREVIOUS TO ADMISSION	SINCE OCTOBER 1, 1888		
	Men	Women	Total
Under one month.....	917	882	1,799
One to three months.....	1,014	745	1,759
Three to six months.....	605	437	1,042
Six to nine months.....	516	349	865
Nine months to one year.....	249	209	458
One year to eighteen months.....	613	389	1,002
Eighteen months to two years.....	213	157	370
Two to three years.....	602	457	1,059
Three to four years.....	339	293	632
Four to six years.....	336	326	662
Six to ten years.....	330	344	674
Ten to twenty years.....	361	371	732
Twenty years and over.....	218	262	480
Not insane*.....	6	4	10
Unascertained.....	2,458	2,797	5,255
Total.....	8,783	8,039	16,822
PERIOD UNDER TREATMENT			
Under one month.....	1,308	1,007	2,315
One to three months.....	1,108	810	1,918
Three to six months.....	963	701	1,664
Six to nine months.....	580	474	1,054
Nine months to one year.....	490	419	909
One year to eighteen months.....	774	649	1,423
Eighteen months to two years.....	469	377	846
Two to three years.....	777	633	1,410
Three to four years.....	509	535	1,044
Four to six years.....	535	609	1,144
Six to ten years.....	597	715	1,312
Ten to twenty years.....	506	766	1,272
Twenty years and over.....	167	344	511
Total.....	8,783	8,039	16,822

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 12

Showing ages of those admitted to the State hospitals during the current year and since October 1, 1898

AGE	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1898		
	Men	Women	Total	Men	Women	Total

From five to ten years.....	7	9	16	3	3	6
From ten to fifteen years.....	101	98	199	87	76	163
From fifteen to twenty years.....	249	223	472	1,158	1,056	2,214
From twenty to twenty-five years.....	278	284	562	2,683	2,491	5,174
From twenty-five to thirty years.....	336	296	632	3,243	3,207	6,450
From thirty to thirty-five years.....	396	356	692	3,427	3,195	6,622
From thirty-five to forty years.....	483	592	1,075	3,333	3,160	6,993
From forty to fifty years.....	348	400	748	5,419	5,249	10,668
From fifty to sixty years.....	257	257	514	3,668	3,639	7,307
From sixty to seventy years.....	134	117	251	2,299	2,401	4,700
From seventy to eighty years.....	43	29	72	1,195	1,337	2,532
From eighty to ninety years.....	2	2	4	335	363	698
Over ninety years.....				22	24	46
Total.....	2,574	2,663	5,237	27,372	26,201	53,573

General Statistical Review

General Statistical Review

TABLE No. 13

Showing ages of those discharged recovered from the State hospitals during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From ten to twenty years	30	31	61	298	381	679
From twenty to thirty years	141	169	310	1,346	1,629	2,975
From thirty to forty years	147	143	290	1,315	1,348	2,663
From forty to fifty years	118	95	208	1,041	874	1,915
From fifty to sixty years	56	35	91	524	484	958
From sixty to seventy years	26	10	36	251	171	422
From seventy to eighty years	8	5	13	61	88	99
From eighty to ninety years	1	1
Total	591	488	1,009	4,837	4,875	9,712

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Mexico.....	5	1	6
Norway.....	90	52	142
New Brunswick.....	2	4	6
Newfoundland.....	2	6	8
New Zealand.....	1	1
Nova Scotia.....	.....	.....	.....	11	5	16
Other British possessions.....	.....	.....	.....	12	.....	12
South America.....	.....	.....	.....	8	1	9
Indian (American).....	.....	.....	.....	4	3	7
Philippines.....	.....	.....	.....	1	.....	1
Poland.....	.....	.....	.....	112	115	227
Prussia.....	.....	.....	.....	4	6	10
Roumania.....	.....	.....	.....	19	25	44
Russia.....	.....	.....	.....	599	608	1,207
Saxony.....	.....	.....	.....	1	3	4
Scotland.....	.....	.....	.....	224	209	433
Sicily.....	.....	.....	.....	1	.....	1
Spain.....	.....	.....	.....	19	2	21
Sweden.....	.....	.....	.....	259	271	530
Switzerland.....	.....	.....	.....	148	114	262
Turkey.....	.....	.....	.....	18	5	23
United States of Colombia.....	.....	.....	.....	.....	2	2
Unascertained.....	.....	.....	.....	627	532	1,159
Wales.....	.....	.....	.....	52	57	109
West Indies.....	.....	.....	.....	45	16	61

Of the total number admitted since the 1st of October, 1888, the parents of 48·02 per cent were both of foreign birth.

In 3·54 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2·14 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

General Statistical Review

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted to the State hospitals during the year ending September 30, 1899

DURATION OF INSANITY	Men	Women	Total
Under one month.....	418	446	864
One to three months.....	422	416	838
Three to six months.....	233	220	453
Six to nine months.....	185	155	340
Nine months to one year.....	61	95	156
One year to eighteen months.....	162	116	278
Eighteen months to two years.....	59	63	122
Two to three years.....	168	153	321
Three to four years.....	110	85	195
Four to five years.....	54	63	117
Five to ten years.....	198	207	405
Ten to fifteen years.....	92	153	245
Fifteen to twenty years.....	47	71	118
Twenty to thirty years.....	48	81	129
Thirty years and upwards.....	15	28	43
Not insane *.....	33	18	51
Unascertained.....	272	296	568
Total.....	2,577	2,666	5,243

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment in the State hospitals September 30, 1899

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	198	196	394
One to three months.....	372	373	745
Three to six months.....	498	693	1,191
Six to nine months.....	718	1,307	2,025
Nine months to one year.....	494	381	875
One year to eighteen months.....	615	509	1,124
Eighteen months to two years.....	550	632	1,182
Two to three years.....	731	809	1,540
Three to four years.....	862	1,081	1,943
Four to five years.....	632	671	1,303
Five to ten years.....	2,436	2,637	5,073
Ten to fifteen years.....	1,013	915	1,928
Fifteen to twenty years.....	516	532	1,048
Twenty to thirty years.....	466	450	916
Thirty years and upwards.....	22	70	92
Not insane *.....	2	.....	2
Total.....	10,125	11,256	21,381

TABLE NO. 17
Showing the occupation of those admitted to the State hospitals during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc	77	8	85	939	80	1,019
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc. . .	372	5	377	3,926	32	3,958
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	326	.....	326	3,446	8	3,454
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc.....	420	.....	420	4,893	.....	4,893
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, composers, weavers, tailors, bakers, etc.....	388	- 1	389	3,882	10	3,892
Domestic service:						
Waiters, cooks, servants, etc.....	73	856	929	955	10,100	11,055

General Statistical Review

TABLE No. 17—(Concluded)
Showing the occupation of those admitted to the State hospitals during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Educational and higher domestic duties : Governesses, teachers, students, housekeepers, nurses, etc	18	1,251	1,269	258	10,971	11,229
Commercial : Shopkeepers, saleswomen, stenographers, typewriters, etc	12	43	55	27	331	358
Employed in sedentary occupations : Tailoresses, seamstresses, bookbinders, factory workers, etc	31	230	261	148	1,922	2,070
Miners, seamen, etc	37	.....	37	182	.....	182
Prostitutes .....	.....	4	4	.....	41	41
Laborers	419	.....	619	6,658	.....	6,658
No occupation	178	248	426	1,547	2,273	3,820
Unascertained	26	20	46	555	493	1,048
Total	2,577	2,666	5,243	27,416	26,261	53,677

General Statistical Review

Showing the nativity of patients admitted to the State hospitals during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Total admissions	2,574	2,663	5,237	27,416	26,261	53,677
Total born in United States	1,498	1,349	2,847	15,080	12,577	27,657
Africa.....	..	..	..	7	1	8
Algeria.....	..	..	..	3	..	3
Arabia.....	..	..	..	3	..	3
Armenia.....	1	..	1	4	..	4
Austria.....	24	29	53	237	285	472
Australia.....	3	2	5	6	3	9
Azores (Portugal).....	..	1	1	..	2	2
Bahama Islands.....	..	..	..	1	..	1
Barbadoes.....	..	..	..	2	..	2
Bavaria.....	1	2	3	18	8	26
Belgium.....	..	1	1	19	7	26
Bohemia.....	4	8	12	57	89	146
Born at sea.....	..	..	..	1	1	2
Brazil.....	1	..	1	1	1	2
Bulgaria.....	..	..	..	1	..	1
Burnah.....	..	..	..	..	1	1
Canada.....	44	62	106	529	585	1,064
Canaries.....	1	..	1	2	..	2
China.....	5	..	5	44	..	44
Corsica.....	..	..	..	1	..	1

TABLE No. 18—(Concluded)
Showing the nativity of patients admitted to the State hospitals during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Cuba	2	3	5	12	14	26
Denmark	5	7	12	60	40	100
East Indies .....	.....	.....	.....	1	.....	1
Ecuador .....	.....	.....	.....	1	.....	1
Egypt .....	.....	.....	.....	1	.....	1
England	93	84	177	921	792	1,713
Holland	3	3	6	53	40	93
Hungary	7	29	36	151	181	332
Finland	2	3	5	25	20	45
France	15	17	32	239	175	414
Galicia .....	.....	.....	.....	.....	1	1
Germany	295	286	581	3,321	3,062	6,383
Greece .....	.....	.....	.....	10	1	11
Ireland	294	535	829	3,894	6,178	10,072
Iceland .....	.....	.....	.....	1	1	2
Isle of Man .....	.....	.....	.....	.....	1	1
Italy	55	38	93	478	251	729
India .....	.....	.....	.....	4	2	6
Jamaica .....	.....	.....	.....	.....	1	1
Japan .....	.....	.....	.....	8	1	9
Madagascar .....	.....	.....	.....	.....	1	1
Malta .....	.....	.....	.....	.....	.....	.....
Madeira .....	.....	.....	.....	.....	.....	.....
Mexico .....	.....	.....	.....	.....	.....	.....
Norway .....	.....	.....	.....	.....	.....	.....
Portugal .....	.....	.....	.....	.....	.....	.....
Russia .....	.....	.....	.....	.....	.....	.....
Sweden .....	.....	.....	.....	.....	.....	.....
Switzerland .....	.....	.....	.....	.....	.....	.....
Texas .....	.....	.....	.....	.....	.....	.....
Virginia .....	.....	.....	.....	.....	.....	.....
Washington .....	.....	.....	.....	.....	.....	.....
Wisconsin .....	.....	.....	.....	.....	.....	.....
Wyoming .....	.....	.....	.....	.....	.....	.....
Yukon .....	.....	.....	.....	.....	.....	.....
Unrecorded .....	.....	.....	.....	.....	.....	.....
Total .....	.....	.....	.....	.....	.....	.....

General Statistical Review

Alabama	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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General Statistical Review

[illegible]

General Statistical Review

TABLE No. 20—(Continued)
Showing the residence by counties and classification of patients remaining under treatment in the State hospitals
September 30, 1899

[illegible]

General Statistical Review

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General Statistical Review

COUNTIES	ST LAWRENCE STATE HOSPITAL						ROCHESTER STATE HOSPITAL						LONG ISLAND STATE HOSPITAL					
	PUBLIC			PRIVATE			PUBLIC			PRIVATE			PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Albany.....	28	10	38															
Allegany.....																		
Broome.....	1		1				1		1									
Cattaraugus.....								2	2									
Chemung.....								1	1									
Chautauque.....																		
Clinton.....	37	46	83			1												
Columbia.....	2	4	6															
Cortland.....																		
Delaware.....	4	6	12															
Dutchess.....	2	17	19	1		1	2	2	4									
Essex.....	30	29	59															
Franklin.....	5		5				3	2	5									
Fulton.....																		
Genesee.....																		
Herkimer.....	9		9															
Hamilton.....																		
Jefferson.....	68	85	153	2	1	3							1,192	1,555	2,747			
Kings.....	4	3	7															
Lewis.....	44	28	72				16	20	36									
Livingston.....																		
Madison.....	1	2	3				250	257	487	1	1	2						
Monroe.....	1	1	2															
Montgomery.....																		
Nassau.....	95	6	101										4	3	7			
New York.....	7	9	16				3	1	4				263	599	862			
	134	177	311	1	2	3	1	1	2	1	1	2	1	1	2			

TABLE 20—(Continued)

Showing the residence by counties and classification of patients remaining under treatment in the State hospitals
September 30, 1899

STATE COMMISSION IN LUNACY

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General Statistical Review

	73	97	170	1	7	14	265	287	552	1	1	2	1,533	2,212	3,785
Unwedged.....															
Osgood.....															
Putnam.....															
Queens.....	3	10	13										50	34	64
Rensselaer.....	21	21	42										3	1	4
Richmond.....	1														
Rockland.....		2	2												
St. Lawrence.....	94	107	191	2	2	4									
Saratoga.....	15	1	19												
Schenectady.....															
Schoharie.....															
Scholarship.....															
Semary.....		1	1												
Seneca.....															
Steuben.....															
Suffolk.....	1	1	1										25	17	42
Sullivan.....															
Tioga.....															
Tompkins.....															
Ulster.....	5	1	6												
Warren.....	13	5	18												
Washington.....	3	5	8				3								
Wayne.....															
Westchester.....	11	10	21												
Wyoming.....															
Yates.....	1		1				2						5	3	8
Unclassified.....	27	22	49												
Unascertained.....															
State patients.....															
Total.....	756	710	1,466	7	7	14	265	287	552	1	1	2	1,533	2,212	3,785

General Statistical Review

TABLE No. 20—(*Concluded*)
Showing the residence by counties and classification of patients remaining under treatment in the State hospitals
September 30, 1899

[illegible]

General Statistical Review

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Licensed Private Asylum System

LICENSED PRIVATE ASYLUM SYSTEM
General statistics for year ending September 30, 1899

INSTITUTIONS	REMAINING OCTOBER 1, 1898.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1899			FROM RESIDENCES			ON ORIGINAL COMMITMENTS			BY TRANSFERS FROM OTHER INSTITUTIONS FOR THE INSANE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Albion House	143	191	334	53	54	107	49	30	79	.....	.....	.....	4	4	8
Albion House	31	52	83	15	44	59	13	43	56	.....	.....	.....	3	1	4
Albion House	26	33	59	25	27	52	22	27	49	.....	.....	.....	3	3	6
Albion House	43	51	94	28	24	52	23	15	38	.....	.....	.....	5	9	14
Albion House	27	27	54	16	18	34	16	18	34	.....	.....	.....	.....	.....	.....
Albion House	113	16	129	14	11	25	13	11	24	.....	.....	.....	1	1	2
Albion House	10	60	70	.....	.....	.....	5	4	9	.....	.....	.....	.....	.....	.....
Albion House	7	1	8	6	2	8	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	15	15	30	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	1	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	.....	6	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	1	3	4	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	4	1	5	.....	.....	.....	6	5	11	.....	.....	.....	.....	.....	.....
Albion House	.....	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Albion House	9	17	26	.....	.....	.....	5	5	10	.....	.....	.....	.....	.....	.....
Albion House	5	7	12	.....	.....	.....	6	3	9	.....	.....	.....	.....	.....	.....
Albion House	8	8	16	63	54	117	55	46	101	.....	.....	.....	.....	.....	.....
Albion House	1	.....	1	28	20	48	21	18	39	.....	.....	.....	7	2	9
Albion House	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	329	625	954	261	236	497	236	257	493	.....	.....	.....	34	39	63

Licensed Private Asylum System

LICENSED PRIVATE ASYLUM SYSTEM—(Continued)

INSTITUTIONS	TOTAL NUMBER UNDER TREATMENT DURING YEAR			DAILY AVERAGE population			Capacity of Institution			DECEASED DURING YEAR					
	Men	Women	Total	Men	Women	Total	Men	Women	Total	AS RECOVERED			AS IMPROVED		
										Men	Women	Total	Men	Women	Total
Broomingdale	194	225	421	9	13	22	21	17	38	9	2	11	2	7	10
Providence Retreat	46	126	172	10	24	34	12	6	18	9	2	11	2	10	12
Marion Infirmary	71	104	175	7	1	8	12	3	15	12	2	14	7	1	8
Longfellow Home	71	72	143	7	1	8	12	3	15	12	2	14	7	1	8
Brigham Hall	43	45	88	1	5	6	4	9	13	9	2	11	7	1	8
Sanford Hall	37	37	74	3	3	6	4	4	8	4	2	6	3	2	5
St. Vincent's Retreat .....	...	53	53	3	8	11	3	4	7	3	2	5	3	2	5
Breezehurst Terrace	15	17	32	1	1	2	3	2	5	3	2	5	3	2	5
Waldenmere	13	8	21	1	1	2	3	2	5	3	2	5	3	2	5
Dr. Wells' Sanitarium	13	19	32	1	1	2	3	2	5	3	2	5	3	2	5
Greenmont-on-the-Hudson	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...
Dr. MacDonald's House	1	7	8	...	...	...	...	...	...	...	...	...	...	...	...
The Pines	4	7	11	1	1	2	1	1	2	1	1	2	1	1	2
Vernon House	11	6	17	1	1	2	3	2	5	3	2	5	3	2	5
Interphos	1	10	11	1	1	2	1	1	2	1	1	2	1	1	2
Glennary	13	12	25	2	1	3	3	2	5	3	2	5	3	2	5
St. Vincent's	11	12	23	1	1	2	1	1	2	1	1	2	1	1	2
River Crest	71	63	134	7	14	21	21	23	44	21	23	44	21	23	44
Dr. Combes' Sanitarium	29	30	59	5	1	6	8	3	11	8	3	11	1	4	5
Total	605	813	1,418	51	86	137	111	96	207	28	51	79	28	51	79

ELEVENTH ANNUAL REPORT OF THE

Licensed Private Asylum Systems

LICENSED PRIVATE ASYLUM SYSTEM—(Concluded)

[illegible]

Statistics of Criminal Insane

MATTEAWAN STATE HOSPITAL FOR INSANE
CRIMINALS

TABLE No. 1

Showing movement of population for the year ending September :
1899

	Men	Women	Total
Remaining October 1, 1898.....	638	48	686
Admitted during year ending September 30, 1899:			
On original commitments:			
From residences.....	125	9	134
By transfers from other institutions for insane.....	2	1	3
Total number under treatment during year..	765	58	823
Daily average population.....			706.
Capacity of institution.....	470	80	550
Discharged during year:			
As recovered.....	27	2	29
As improved.....	35	1	36
As unimproved.....	17	1	18
As not insane.....		1	1
Died.....	20		20
Whole number discharged during the year..	99	5	104
Remaining October 1, 1899.....	666	53	719

ELEVENTH ANNUAL REPORT OF THE

Statistics of Criminal Insane

TABLE No. 2

October 1, 1898, to September 30, 1899

Date of opening, February 2, 1859, at Auburn; April 25, 1860, at Matteawan.

Total acreage of grounds and buildings.....	
Value of real estate, including buildings.....	\$879,000
Value of personal property.....	59,114
Acreage under cultivation	

Receipts during year, maintenance fund:

Balance on hand October 1, 1898.....	\$3,887
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	79,686
From all other sources.....	55,768

Total receipts for maintenance..... \$139,101

Disbursements during year for maintenance:

Estimate No. 1. For officer's salaries.....	\$10,450
Estimate No. 2. For wages	44,029
Estimate No. 3. For provisions and stores.....	46,681
Estimate No. 4. For ordinary repairs.....	4,231
Estimate No. 5. For farm and grounds.....	1,938
Estimate No. 6. For clothing and bedding.....	5,916
Estimate No. 7. For furniture	1,541
Estimate No. 8. For books and stationery.....	867
Estimate No. 9. For fuel and light.....	11,554
Estimate No. 10. For medical supplies.....	1,531
Estimate No. 11. For miscellaneous expenses....	5,531
Estimate No. 12. For transportation	510

Total disbursements, estimates 1 to 12 inclusive \$134,457

**Remitted to Comptroller pursuant to chapter 580,
Laws of 1899**

\$4

Statistics of Criminal Insane

Table No. 2—(Concluded)

Balance October 1, 1899:	
General maintenance fund	\$300 15
Weekly per capita cost of daily average number of patients, estimates 1 to 12 inclusive.....	\$3 66
<hr/>	
Maximum rate of wages paid attendants:	
Men	\$34 per month
Women	25 per month
Minimum rate of wages paid attendants:	
Men	18 per month
Women	15 per month
Proportion of day attendants to average daily population	1-9
Proportion of night attendants to average daily population	1-34
Percentage of daily patient population engaged in some kind of useful occupation.....	39
Estimated value of farm and garden products dur- ing year	\$8,860 79
Estimated value of articles made or manufactured by patients during year.....	4,923 96
<hr/>	

Statistics of Criminal Insane

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1899			INHERITED PREDISPO- SITION			Unascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	6	.....	6	1	.....	1	5 5
Physical:							
Intemperance	11	2	13	5	2	7	6 6
Masturbation	13	.....	13	3	.....	3	10 0
Accident or injury.	2	.....	2	.....	.....	.....	2 2
Pregnancy .....	.....	1	1	.....	1	1	.....
Privation and over- work	2	.....	2	1	.....	1	1 1
Epilepsy	1	1	2	1	.....	1	1 1
Abuse of drugs....	1	.....	1	.....	.....	.....	1 1
All other bodily dis- orders and ill- health	5	.....	5	3	.....	3	2 2
Heredity	9	1	10	9	1	10	.....
Congenital defect....	7	.....	7	7	.....	7	.....
Unascertained	70	4	74	97	6	103	.....
Not insane .....	.....	1	1	.....	.....	.....	1
Total	127	10	137	127	10	137	29

•

CURABLE CONDITIONS

LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED

[illegible]

Statistics of Criminal Insane

TABLE No. 5

Showing results of treatment in presumably curable cases for the current year

CURABLE CONDITIONS			PRESENT AT BEGINNING OF YEAR			ADMITTED DURING YEAR			UNDER TREATMENT DURING YEAR		
	Men	Women	Total	Men	Women	Total	Men	Women	Total		
Melancholia in acute forms.	85	4	89	50	2	52	135	6	141		
	5	.....	5	4	.....	4	9	.....	9
		
Mania in acute forms	53	1	54	40	4	44	93	5	98		
	.....	.....	.....	5	.....	5	5	.....	5
	.....	.....	.....	2	.....	2	2	.....	2
All other curable forms	28	2	30	10	.....	10	38	2	40	
		
		

Statistics of Criminal Insane

	YEAR ENDING SEPTEMBER 30, 1899						SINCE OCTOBER 1, 1898					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	12	.....	12	.....	.....	.....	97	1	98	.....	1	1
One to three months.....	5	.....	5	.....	.....	.....	45	.....	45	11	1	12
Three to six months.....	2	.....	2	2	.....	2	22	2	24	37	.....	37
Six to nine months.....	1	.....	1	4	.....	4	11	.....	11	53	1	54
Nine months to one year.....	.....	.....	.....	8	.....	8	3	1	4	40	2	42
One year to eighteen months.....	2	1	3	1	.....	1	6	1	7	49	3	52
Eighteen months to two years.....	.....	.....	.....	5	1	6	1	.....	1	40	1	41
Two to three years.....	.....	.....	.....	3	.....	3	4	1	5	31	.....	31
Three to four years.....	.....	.....	.....	3	1	4	.....	.....	.....	17	1	18
Four to five years.....	1	.....	1	1	.....	1	3	1	4	7	2	9
Five to ten years.....	.....	.....	.....	.....	.....	.....	1	.....	1	7	.....	7
Unascertained.....	4	1	5	.....	.....	.....	99	5	104	.....	.....	.....
Total.....	27	2	29	27	2	29	292	12	304	292	12	304

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1898

Statistics of Criminal Insane

TABLE No. 7

Showing causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEP- TEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases :						
Dysentery				1	1	2
Tuberculosis	6		6	72	1	73
Constitutional diseases :						
Diabetes mellitus and diabetes insipidus				2		2
Diseases of the digestive system :						
Diseases of the stomach				4		4
Diseases of the liver				3		3
Diseases of the peritoneum	1		1	5		5
Diseases of the respiratory system :						
Diseases of the lungs	1		1	4		4
Diseases of the circulatory system :						
Diseases of the heart	3		3	12		12
Aneurism				1		1
Diseases of the blood and ductless glands :						
Diseases of the genito-urinary system				8	1	9
Diseases of the nervous system :						
Diseases of the meninges				2		2
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	4		4	9	2	11
Epilepsy				2	1	3
Mental diseases :						
Exhaustion of chronic mental disease	1		1	5	1	6
General paralysis of the insane ..	2		2	38	1	39
Debility of old age	1		1	7		7
Suicide				8		8
Malignant new growths or cancer ...	1		1	2		2
Total	20		20	185	8	193

Statistics of Criminal Insane

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	2	2	4	49	7	56
Maternal branch	7	1	8	71	6	77
Paternal and maternal branches	1	.....	1	13	.....	13
Collateral branches ...	9	.....	9	57	2	59
No hereditary tendency	9	.....	9	160	13	173
Unascertained	99	7	106	873	46	919
Total	127	10	137	1,223	74	1,297

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single	93	2	95	851	24	
Married	29	4	33	316	34	
Widowed	5	4	9	45	13	
Divorced ....	.....	.....	.....	2	.....
Unascertained .....	.....	.....	.....	9	8	
Total	127	10	137	1,223	74	

Statistics of Criminal Insane

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate	1	1	2	12	4	16
Academic	1	.....	1	23	3	26
Common school	16	.....	16	343	23	366
Read and write	85	6	91	618	32	645
Read only	15	1	16	64	3	67
No education	9	2	11	144	9	153
Unascertained .....	.....	.....	.....	24	.....	24
Total	127	10	137	1,223	74	1,297

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1899						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	5	...	5	...	...	...	27	1	28	9	...	9
One to three months	1	...	1	...	...	...	19	...	19	12	2	14
Three to six months.....	1	...	1	...	...	...	14	1	15	9	...	9
Six to nine months.....	1	...	1	...	...	...	8	...	8	12	...	12
Nine months to one year.....	...	...	...	...	...	...	4	...	4	8	1	9
One year to eighteen months .....	...	...	...	2	...	2	4	...	4	15	...	15
Eighteen months to two years .....	...	...	...	2	...	2	3	...	3	10	1	11
Two to three years.....	...	...	...	1	...	1	7	1	8	24	2	26
Three to four years .....	...	...	...	...	...	...	3	...	3	17	...	17
Four to six years .....	...	...	...	4	...	4	3	...	3	24	...	24
Six to ten years .....	...	...	...	8	...	8	4	...	4	18	1	19
Ten to twenty years.....	2	...	2	3	...	3	5	...	5	17	1	18
Twenty years and over	1	...	1	...	...	...	5	...	5	10	...	10
Unascertained	9	...	9	...	...	...	79	5	84	...	...	...
Total	20	...	20	20	...	20	185	8	193	185	8	193
Average duration of insane life (give years and tenths) ..	12.8+			...			...			8.7—		

Statistics of Criminal Insane

Statistics of Criminal Insane

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years..	.....	.....	.....	1	.....	1
From 15 to 20 years..	12	1	13	81	3	84
From 20 to 25 years..	31	2	33	189	13	202
From 25 to 30 years..	27	1	28	365	14	379
From 30 to 35 years..	21	4	25	138	14	152
From 35 to 40 years..	16	.....	16	207	12	219
From 40 to 50 years..	15	.....	15	157	9	166
From 50 to 60 years..	2	.....	2	61	6	67
From 60 to 70 years..	2	2	4	20	3	23
From 70 to 80 years..	1	.....	1	3	.....	3
Unascertained .....	.....	.....	.....	1	.....	1
Total	127	10	137	1,223	74	1,297

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years..	.....	.....	.....	9	.....	9
From 20 to 30 years..	21	1	22	168	4	172
From 30 to 40 years..	3	1	4	85	5	90
From 40 to 50 years..	2	.....	2	20	2	22
From 50 to 60 years..	1	.....	1	9	1	10
From 60 to 70 years..	.....	.....	.....	2	.....	2
From 70 to 80 years..	.....	.....	.....	1	.....	1
Total	27	2	29	294	12	306

Statistics of Criminal Insane

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years..	.....	.....	.....	2	.....	2
From 20 to 25 years..	2	.....	2	13	2	15
From 25 to 30 years..	2	.....	2	30	2	32
From 30 to 35 years..	3	.....	3	26	1	27
From 35 to 40 years..	3	.....	3	25	.....	25
From 40 to 50 years..	5	.....	5	38	2	40
From 50 to 60 years..	.....	.....	.....	18	.....	18
From 60 to 70 years..	4	.....	4	17	1	18
From 70 to 80 years..	1	.....	1	11	.....	11
From 80 to 90 years..	.....	.....	.....	1	.....	1
Over 90 years.....	.....	.....	.....	1	.....	1
Total	20	.....	20	182	8	190

Statistics of Criminal Insane

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1899

DURATION OF INSANITY	Men	Women	Total
Under one month	22	2	24
One to three months	37	.....	37
Three to six months	21	2	23
Six to nine months	7	1	8
Nine months to one year	2	.....	2
One year to eighteen months	4	.....	4
Two to three years	1	.....	1
Three to four years	1	.....	1
Ten to fifteen years	2	.....	2
Fifteen to twenty years	2	.....	2
Not insane* .....	.....	1	1
Unascertained	28	4	32
Total	127	10	137

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1899

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	3	1	4
One to three months	23	3	26
Three to six months	40	1	41
Six to nine months	23	2	25
Nine months to one year	31	2	33
One year to eighteen months	45	4	49
Eighteen months to two years	38	2	40
Two to three years	87	5	92
Three to four years	55	4	59
Four to five years	55	1	56
Five to ten years	185	17	202
Ten to fifteen years	50	6	56
Fifteen to twenty years	13	1	14
Twenty to thirty years	14	4	18
Thirty years and upwards	4	.....	4
Total	666	53	71

* Includes cases of alcoholism, morphia habit, etc.

Statistics of Criminal Insane

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	4	.....	4	24	... ..	24
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	12	.....	12	88	.....	88
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	5	.. ...	5	77	.....	77
Mechanics, at out-door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	15	.....	15	224	1	225
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	30	.....	30	275	2	277
Domestic service:						
Waiters, cooks, servants, etc.....	7	5	12	61	45	106
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	.....	1	1	9	10	19

Statistics of Criminal Insane

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, saleswomen, stenographers, typewrit- ers, etc.....		1	1	10	1	11
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		2	2	1	11	12
Miners, seamen, etc.....	1	.....	1	45	.....	45
Laborers.....	50	.....	50	357	.....	357
No occupation.....	3	.....	3	40	3	43
Unascertained.....	.....	1	1	12	1	13
Total.....	127	10	137	1,223	74	1,297

Statistics of Criminal Insane

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1899			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algiers				3		3
Austria	4		4	13		13
Australia				2		2
British India				1		1
Bohemia				1		1
Canada	1		1	26	1	27
China	1		1	4		4
Cuba				2		2
Denmark	1		1	1		1
England	1	1	2	38	1	39
France				6	1	7
Germany	10	1	11	108	3	111
Greece	1		1	3		3
Holland				5		5
Ireland	10	1	11	99	19	118
Italy	9	1	10	74	2	76
Malta				1		1
Persia				1		1
Poland	3		3	11	2	13
Russia	4	1	5	34	1	24
Scotland		2	2	5	5	7
Sicily				1		1
Sweden		1	1	5	1	6
Switzerland				3		3
United States	79	2	81	747	39	786
West Indies	2		2	6	1	7
Unascertained	1		1	34	1	36
Total	127	10	137	1,223	74	1,297

Of the total number admitted since the 1st of October, 1888, the parents of 55.62 per cent were both of foreign birth.

In 3.97 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 5.17 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

Statistics of Criminal Insane

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1899

COUNTIES	Public	Private	Total
Albany	4	.....	4
Allegany .....	.....	.....	.....
Broome	1	.....	1
Cattaraugus	1	.....	1
Cayuga .....	.....	.....	.....
Chautauqua .....	.....	.....	.....
Chemung	1	.....	1
Chenango	3	.....	3
Clinton .....	.....	.....	.....
Columbia .....	.....	.....	.....
Cortland .....	.....	.....	.....
Delaware .....	.....	.....	.....
Dutchess	1	.....	1
Erie	4	.....	4
Essex .....	.....	.....	.....
Franklin	1	.....	1
Fulton .....	.....	.....	.....
Genesee .....	.....	.....	.....
Greene .....	.....	.....	.....
Hamilton ..	.....	.....	.....
Herkimer .....	.....	.....	.....
Jefferson	3	.....	3
Kings	22	.....	22
Lewis .....	.....	.....	.....
Livingston .....	.....	.....	.....
Madison .....	.....	.....	.....
Monroe	3	.....	3
Montgomery .....	.....	.....	.....
New York	61	.....	61
Niagara	1	.....	1
Oneida	2	.....	2
Onondaga	4	.....	4
Ontario	1	.....	1
Orange	3	.....	3
Orleans .....	.....	.....	.....
Oswego	1	.....	1
Otsego .....	.....	.....	.....
Putnam	1	.....	1
Queens	2	.....	2
Rensselaer	4	.....	4

Statistics of Criminal Insane

Table No. 19 —(Concluded)

COUNTIES	Public	Private	Total
Richmond..	1	.....	1
Rockland .. . . . .	.....	.....	.....
St. Lawrence .. . . . .	.....	.....	.....
Saratoga	2	.....	2
Schenectady .. . . . .	.....	.....	.....
Schoharie	2	.....	2
Schuyler .. . . . .	.....	.....	.....
Seneca .. . . . .	.....	.....	.....
Steuben .. . . . .	.....	.....	.....
Suffolk	1	.....	1
Sullivan .. . . . .	.....	.....	.....
Tioga .. . . . .	.....	.....	.....
Tompkins .. . . . .	.....	.....	.....
Ulster .. . . . .	.....	.....	.....
Warren .. . . . .	.....	.....	.....
Washington .. . . . .	.....	.....	.....
Wayne .. . . . .	.....	.....	.....
Westchester	6	.....	6
Wyoming .. . . . .	.....	.....	.....
Yates.....	1	.....	1
Soldiers' home .. . . . .	.....	.....	.....
Total	137	.....	137

Statistics of Criminal Justice

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1899

COUNTIES	PUBLIC		
	Men	Women	Total
Albany	25	3	28
Allegany	1	.....	1
Broome	3	.....	3
Cattaraugus	6	.....	6
Cayuga	4	.....	4
Chautauqua	3	.....	3
Chemung	3	4	7
Chenango	4	.....	4
Clinton	1	1	2
Columbia	3	.....	3
Cortland	1	.....	1
Delaware	3	.....	3
Dutchess	9	1	10
Erie	16	3	19
Essex	2	1	3
Franklin	2	.....	2
Fulton .....	.....	.....	.....
Genesee	1	.....	1
Greene	3	.....	3
Hamilton .....	.....	.....	.....
Herkimer	1	1	2
Jefferson	12	.....	12
Kings	64	6	70
Lewis	2	.....	2
Livingston .....	.....	.....	.....
Madison	7	.....	7
Monroe	27	3	30
Montgomery	3	.....	3
New York	252	13	265
Niagara	7	.....	7
Oneida	13	3	16
Onondaga	26	5	31
Ontario	5	.....	5
Orange	5	.....	5
Orleans	1	.....	1
Oswego	8	1	9
Otsego .....	.....	.....	.....

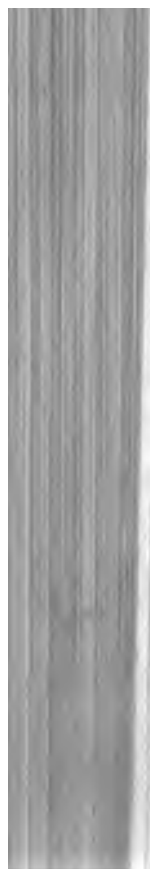
Statistics of Criminal Insane

Table No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Putnam	1	.....	1
Queens	13	1	14
Rensselaer	13	1	14
Richmond	8	2	10
Rockland	2	.....	2
St. Lawrence	8	.....	8
Saratoga	7	.....	7
Schenectady	2	.....	2
Schoharie	3	.....	3
Schuyler	4	.....	4
Seneca	1	.....	1
Steuben	6	.....	6
Suffolk	10	.....	10
Sullivan	1	1	2
Tioga	3	.....	3
Tompkins .....	.....	1	1
Ulster	6	.....	6
Warren	4	.....	4
Washington	8	.....	8
Wayne	3	.....	3
Westchester	38	2	40
Wyoming	1	.....	1
Yates	1	.....	1
Unascertained .....	.....	.....	.....
Total	666	53	719

PART V

Official Directory of State Hospitals
and Private Institutions



CHAPTER 18

Official Directory of State Hospitals and Private Institutions

(Form 105)

STATE COMMISSION IN LUNACY

COMMISSIONERS

Peter M. Wise, M. D., President, 1 Madison avenue, New York City. Telephone 1728 Eighteenth Street. Residence, No. 269 West Seventy-ninth Street. House Telephone 603 Riverside.

William Church Osborn, 71 Broadway, New York. Telephone 5449 Cortlandt. House Telephone 1712 Madison Square.

William L. Parkhurst, Canandaigua, N. Y. Long distance telephone.

SECRETARY

T. E. McGarr, Capitol, Albany. Residence, No. 37 Lake Avenue, Albany. Telephone 58 West. General Office Telephone 1237.

Total number in State hospitals, 22,578; total number in private institutions, 932; total, 23,510.

STATE HOSPITAL SYSTEM

ADMISSION OF PRIVATE PATIENTS TO STATE HOSPITALS

Private patients can be admitted to State hospitals only upon consent of the medical superintendents. Rates of private patients range from six to ten dollars per week and a bond must be provided guaranteeing payment of accounts for maintenance.

Asylum Directory

UTICA STATE HOSPITAL—UTICA, ONEIDA COUNTY

Number patients, men 540, women 548, total 1,088; number employes, men 113, women 112, total 225.

Harold L. Palmer, M. D., Medical Superintendent.

—————, First Assistant Physician.

George H. Torney, Jr., M. D., Second Assistant Physician.

Edward G. Stout, M. D., Assistant Physician.

—————, Junior Physician.

Francis E. Vander Veer, M. D., Medical Interne.

Clara Smith, M. D., Woman Physician.

President Board of Managers, W. Stuart Walcott, New York Mills, N. Y. Telephone 604A.

Steward, C. A. Mosher.

Treasurer, Harry S. Patten, Utica.

Counsel, James S. Sherman, No. 343 Genesee Street, Utica. Telephone 511.

One mile from New York Central, the Rome, Watertown and Ogdensburg; the Delaware, Lackawanna and Western, and the Ontario and Western railway stations, and two miles from the West Shore station. Accessible, every 15 minutes, by New York Mills or Whitesboro electric cars. Stop at Cross or junction of Whitesboro and Court streets.

GRAYCROFT, DIXHURST and CRAIGSIDE, agricultural colonies, are situated about a mile and a half from the hospital. Accessible by special conveyance.

Hospital Long Distance Telephone No. 1545.

WILLARD STATE HOSPITAL—WILLARD, SENECA COUNTY

Number patients, men 1,107, women 1,157, total 2,264; number employes, men 225, women 232, total 457.

Wm. Austin Macy, M. D., Medical Superintendent.

William L. Russell, M. D., First Assistant Physician.

Thomas J. Currie, M. D., Second Assistant Physician.

Asylum Directory

Robert E. Doran, M. D., Assistant Physician.

Charles F. Sanborn, M. D., Assistant Physician.

John W. Russell, M. D., Assistant Physician.

Donald C. Ross, M. D., Assistant Physician.

Erving Holley, M. D., Junior Assistant Physician.

J. Ernestine Hills, M. D., Woman Assistant Physician.

Louis T. Waldo, M. D., Medical Interne.

Albert G. Bising, M. D., Medical Interne.

President Board of Managers, Stephen H. Hammond, Geneva.

Local telephone 315.

Steward, M. J. Gilbert.

Treasurer, Henry Peterson, Ovid, N. Y.

Counsel, S. S. Partridge, Phelps, N. Y. Local telephone.

Accessible, from the east, by New York Central and Hudson River railway (Auburn branch from Syracuse to Geneva); from the west, via New York Central and Hudson River railway, from Rochester (Auburn branch) to Geneva, or via Lehigh Valley railway; from the north, Lyons to Geneva, via Fall Brook railway; from Geneva via steamers of the Seneca Lake Steam Navigation Company (in summer), and by Lehigh Valley railway; from the south, via Lehigh Valley railway or by Seneca Lake Steam Navigation Company steamers (in summer).

This hospital is most conveniently reached via Hayt's Corners. A hotel is located near the hospital grounds.

Hospital long-distance telephone Willard, N. Y.

Telegraph office at hospital.

**HUDSON RIVER STATE HOSPITAL—POUGHKEEPSIE,
DUTCHESS COUNTY**

Number patients, men 979, women 1,076, total 2,055; number employes, men 238, women 182, total 420.

Charles W. Pilgrim, M. D., Medical Superintendent.

J. E. Courtney, M. D., First Assistant Physician.

Asylum Directory

Charles H. Langdon, M. D., Second Assistant Physician.

Isham G. Harris, M. D., Assistant Physician.

Thomas E. Bamford, M. D., Assistant Physician.

J. O. Stranahan, M. D., Junior Assistant Physician.

Fred T. Clark, M. D., Junior Assistant Physician.

Clarence J. Slocum, Junior Assistant Physician.

O. E. Stackhouse, Medical Interne.

Emma Putnam, M. D., Woman Assistant Physician.

President Board of Managers, Frank B. Lown, No. 54 Market Street.

Steward, L. P. Gillespie.

Treasurer, Allison Butts. Telephone No. 21, Poughkeepsie, N. Y.

Counsel, H. M. Taylor, Poughkeepsie. Address, 52 Market Street.

The hospital is located two miles north of the New York Central railway station at Poughkeepsie.

Carriages may be procured at the station, or a North side trolley car may be taken to the junction of the Poughkeepsie and Eastern railway, on North Street, from which point passenger trains run directly to the hospital as follows:

WEEK DAY TRAIN

Leave North Street for hospital:

A. M.	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.	P. M.
6.50	7.50	9.50	10.45	1.45	2.15	4.15	5.15	8.10	9.45

Leave hospital for North Street:

A. M.	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.	P. M.
7.00	8.00	10.00	11.00	2.00	4.00	5.00	6.00	8.20	9.51

SUNDAY TRAIN

Leave North Street for hospital:

A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.
7.50	9.50	12.45	2.00	4.15	5.15	9.45

Leave hospital for North Street:

A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.
8.00	10.00	1.45	4.00	5.00	6.00	9.51

Asylum Directory

The hospital may also be reached by the West Shore railway ferry from Highland station to Poughkeepsie, and by the Philadelphia, Reading and New England railway (Poughkeepsie bridge route). Conveyances may be procured from the Parker avenue station, or the train may be taken at North street to the hospital grounds, as previously mentioned.

Hospital long-distance telephone, No. 171.

Telegraph office at hospital.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—MIDDLETOWN, ORANGE COUNTY

Number of patients, men 581, women 643, total 1,224; number employees, men 159, women 109, total, 268.

Selden H. Talcott, M. D., Superintendent.

Maurice C. Ashley, M. D., First Assistant Physician.

Arthur P. Powelson, M. D., Assistant Physician.

David E. Francisco, M. D., Assistant Physician.

Edward A. Everett, M. D., Assistant Physician.

Robert C. Woodman, Assistant Physician.

Clara Barrus, M. D., Woman Physician.

Reeve Turner, M. D., Medical Intern.

President Board of Managers, Grinnell Burt, Warwick, N. Y.
No telephone.

Steward, Henry J. Leonard.

Treasurer, Cornelius Macardell, Middletown, N. Y.

Counsel, John B. Swezey Goshen. Long distance telephone No. 11.

Middletown is 66 miles from New York city, and may be reached by the following railways: New York, Lake Erie and Western; New York, Ontario and Western, and New York, Susquehanna and Western. Electric cars run between Middletown and the hospital. Public carriages may also be had at the station.

Hospital long-distance telephone No. 41.

Asylum Directory

BUFFALO STATE HOSPITAL.—BUFFALO ERIE COUNTY

Number of patients, men, 847, women, 1,014, total 1,861; number employees, men, 156, women, 170, total 326.

Arthur W. Hurd, M. D., Medical Superintendent.

Henry P. Frost, M. D., First Assistant Physician.

George G. Armstrong, M. D., Second Assistant Physician.

Walter H. Conley, M. D., Assistant Physician.

Joseph B. Betts, M. D., Assistant Physician.

Edwin A. Bowerman, M. D., Assistant Physician.

O. J. Patterson, M. D., Junior Assistant Physician.

Edward G. Aldrich, M. D., Junior Assistant Physician.

Helene Kuhlmann, M. D., Woman Assistant Physician.

B. Ross Nairn, M. D., Medical Interne.

President Board of Managers, Joseph P. Dudley. Address 19 East Swan street. Long-distance telephone "Bryant 216."

Steward, John E. Culp.

Treasurer, Morton K. McMillan, Room 618, Ellicott Square, Buffalo, N. Y.

Counsel, John E. Pound, Lockport, N. Y. Address 71 Main street. Long-distance telephone "Lockport 231."

The hospital is located on Forest avenue, about three and one-half miles from the principal railway stations, accessible by Elmwood avenue, and Baynes and Hoyt streets trolley lines, direct; also by Main street and Niagara street lines by obtaining transfer to the Forest avenue cars.

Hospital long-distance telephone "Bryant 262."

BINGHAMTON STATE HOSPITAL—BINGHAMTON, BROOME COUNTY

Number patients, men 620, women, 728, total 1,348; number employees, men 155, women 140, total 295.

Charles G. Wagner, M. D., Medical Superintendent.

Charles C. Eastman, M. D., First Assistant Physician.

Asylum Directory

William A. White, M. D., Second Assistant Physician.
Arthur P. Summers, M. D., Assistant Physician.
H. W. Eggleston, M. D., Assistant Physician.
Cecil MacCoy, M. D., Junior Assistant Physician.
Edward Gillespie, M. D., Junior Assistant Physician.
Mary O'Malley, M. D., Woman Assistant Physician.
President Board of Managers, William Mason. Address, 97
Clinton street, Binghamton, N. Y. Telephone No. 412b.
Steward, Edwin Evans.
Treasurer, John Rankin, Binghamton, N. Y.
Counsel, George B. Curtiss, Binghamton. Address, Ross Build-
ing. No telephone.

Located on the lines of the Erie; Delaware, Lackawanna and
Western and Delaware and Hudson railways. Electric cars leave
corner of Court and State streets every twenty minutes.

Hospital long-distance telephone No. 453.

**ST. LAWRENCE STATE HOSPITAL—OGDENSBURG, ST.
LAWRENCE COUNTY**

Number patients, men 844, women 792, total 1,636; number em-
ployees, men 167, women 180, total 347.

William Mabon, M. D., Medical Superintendent.
R. H. Hutchings, M. D., First Assistant Physician.
Warren L. Babcock, M. D., Second Assistant Physician.
E. M. Somers, Jr., M. D., Assistant Physician.
Sidney D. Wilgus, M. D., Assistant Physician.
Roy L. Leak, M. D., Junior Assistant Physician.
Caroline S. Pease, M. D., Woman Assistant Physician.
Wm. B. Reed, Medical Interne.
President Board of Managers, W. H. Daniels. Address, 163
State street, Ogdensburg. Telephone, 314.
Steward, William C. Hall.
Treasurer, James M. Wells, Ogdensburg, N. Y.
Counsel, George R. Malby, Ogdensburg.

Asylum Directory

Located three and one-half miles from center of Ogdensburg, on the Rome, Watertown and Ogdensburg and Central Vermont railways. Accessible by trolley line every half hour. Public carriages may also be obtained at railway stations.

Hospital long-distance telephone "State Hospital."

**ROCHESTER STATE HOSPITAL—ROCHESTER, MONROE
COUNTY**

Number patients, men 251, women 280, total 531; number employees, men 60, women 60, total 120.

E. H. Howard, M. D., Medical Superintendent.

E. B. Potter, M. D., First Assistant Physician.

C. T. LaMoure, M. D., Assistant Physician.

E. P. Ballantine, M. D., Woman Assistant Physician.

President Board of Managers, Frederick Cook. Address, 19 W. Main street. Long-distance telephone No. 323.

Steward, W. S. Remington.

Treasurer, Frederick P. Allen, Rochester, N. Y. Long-distance telephone 663.

Counsel, J. M. E. O'Grady, Rochester. Address, 211 E. & B. Building. Long-distance telephone No. 1384.

Two miles from railway stations. Accessible by electric cars of the South and Lake avenue line.

Hospital long-distance telephone No. 602.

LONG ISLAND STATE HOSPITAL

Number patients, men 1,580, women 2,251; total 3,831; number employees, men 384, women 351, total 735.

Oliver M. Dewing, M. D., General Superintendent.

Steward, F. A. Wheeler.

Treasurer, Henry E. Abell, Jr., Franklin Trust Co. Building, Brooklyn, N. Y.

Asylum Directory

Counsel, Marcus B. Campbell, 26 Court street, Brooklyn. Telephone "2666 Main."

All official communications with regard to the Long Island State Hospital should be addressed to the General Superintendent, Kings Park, N. Y.

KINGS PARK DEPARTMENT—Kings Park, Long Island.

Number patients, men 1,182, women 1,497, total 2,679; number employees, men 281, women 225, total 506.

Herman C. Evarts, M. D., Medical Superintendent.

F. Packer, M. D., First Assistant Physician.

John McGuire, M. D., Assistant Physician.

George O'Hanlon, M. D., Assistant Physician.

W. H. Hagenbuch, M. D., Assistant Physician.

Arthur J. Capron, M. D., Junior Physician.

Samuel F. Mellen, M. D., Junior Physician.

Paul G. Taddiken, M. D., Junior Physician.

Theodore I. Townsend, M. D., Junior Physician.

Anna Craig, M. D., Woman Physician.

D. C. MacClymont, M. D., Medical Interne.

Forty-five miles from New York city. Accessible by trains on the Long Island Railway. Surface and elevated road from Grand Central station, New York, to Thirty-fourth street ferry, connecting with Long Island City station of the Long Island Railway. Also from Flatbush Avenue station, via Jamaica, Long Island Railway. Railroad tickets at reduced rate can be obtained at the hospital or at the treasurer's office.

Hospital long-distance telephone No. 11 Northport. Telegraph office at hospital.

BROOKLYN DEPARTMENT—Brooklyn, Long Island.

Number patients, men 398, women 754, total 1,152; number employees, men 103, women 126, total 229.

R. M. Elliott, M. D., Medical Superintendent.

Ira O. Tracy, M. D., First Assistant Physician.

D. Edward Warren, M. D., Second Assistant Physician.

Asylum Directory

_____, M. D., Junior Physician.

Caroline L. Stengel, M. D., Women Physician.

Edward L. Parker, M. D., Medical Interne.

Accessible by street car from East Twenty-third street and Fulton ferries; Fulton street car from Brooklyn bridge to Nostrand avenue, thence to Flatbush.

Hospital long-distance telephone No. 68, Flatbush.

FULL SCHEDULE OF TRAINS

For Kings Park

Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.
Long Island City	6.42	9.06	11.10	4.40	5.40	6.40
Sundays, 9.00 a. m.; 10.02 a. m.; 6.34 p. m.						
Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.
Flatbush avenue	6.37	8.54	11.04	4.27	5.38	6.21
Sundays, 8.53 a. m.; 9.53 a. m.; 6.24 p. m.						

From Kings Park

Leaves	A. M.	A. M.	A. M.	A. M.	P. M.	P. M.
Kings Park	6.07	6.35	7.37	9.11	2.11	3.53
Sundays, 7.48 a. m.; 4.20 p. m.; 7.58 p. m.						

MANHATTAN STATE HOSPITAL

Number patients, men 2,883, women 2,814, total 5,697; number employees, men 598, women 383, total 981.

A. E. Macdonald, M. D., General Superintendent.

President Board of Managers, Henry E. Howland. Long-distance telephone 1696-18th street.

Steward (Vacancy).

Treasurer, W. H. Kimball, 45 Broadway, New York.

Attorney, George C. Austin, New York City. Long-distance telephone 4,471 Cortlandt.

All official communications with regard to the Manhattan State Hospital should be addressed to the General Superintendent. Post-office address, Station U, New York City.

Asylum Directory

Hospital long-distance telephone 1696-18th street. City office, 1 Madison avenue, corner of Twenty-third street. Long-distance telephone 1,696-18th.

Visiting days—At Ward's Island: Mondays, Tuesdays, Fridays and Saturdays. Blackwell's Island: Thursdays only. Central Islip: Daily except Sunday. Passes can be obtained at hospital or at city office, No. 1 Madison avenue.

WARD'S ISLAND DIVISION**FEMALE DEPARTMENT**

Number patients, women 1,675; number employees, men 73, women 222, total 295.

E. C. Dent, M. D., Medical Superintendent
Archibald Campbell, M. D., Second Assistant Physician.
George B. Campbell, M. D., second Assistant Physician.
William B. Moseley, M. D., Assistant Physician.
Reuben F. Monette, M. D., Assistant Physician.
Horatio G. Gibson, M. D., Assistant Physician.
Arthur C. Delacroix, M. D., Assistant Physician.
Hunter A. Bond, M. D., Assistant Physician.
Frank H. Magness, M. D., Assistant Physician.
Louis Walther, M. D., Assistant Physician.
Anton Heger, M. D., Junior Physician.
Anna E. Hutchinson, M. D., Woman Physician.
John G. Elliott, M. D., Medical Interne.
Ethan A. Nevin, M. D., Medical Interne.

BLACKWELL'S ISLAND DIVISION

(Branch of Female Department, Ward's Island.)

Number patients, women 839; number employees, men 35, women 104, total 139.

Accessible by steamer from foot of East One Hundred and Sixteenth street, 1 p. m. Thursdays only.

Visiting day: Thursday.

Visiting hours: 1 to 3 p. m.

Telephone No. 1697-18th street.

Asylum Directory

WARD'S ISLAND DIVISION

MALE DEPARTMENT

Number patients, men 2,118; number employees, men *354, women 16, total 370.

(Vacancy), Medical Superintendent.

John T. W. Rowe, M. D., First Assistant Physician.

Louis C. Pettit, M. D., Second Assistant Physician.

D. S. Spellman, M. D., Assistant Physician.

B. R. Logie, M. D., Assistant Physician.

John W. Wickliffe, M. D., Junior Physician.

J. Rudolph Knapp, M. D., Junior Physician.

Arthur B. Wright, M. D., Junior Physician.

Frank G. Hyde, M. D., Junior Physician.

C. Floyd Haviland, M. D., Junior Physician.

Amasa P. Muir, M. D., Medical Interne.

Jerome E. Young, Medical Interne.

CENTRAL ISLIP DIVISION.

Number patients, men 765, women 300, total 1,065; number employees, men 137, women 40, total 177.

G. A. Smith, M. D., Medical Superintendent.

M. B. Heyman, M. D., Assistant Physician.

C. G. Brink, M. D., Assistant Physician.

H. R. Humphries, M. D., Junior Physician.

W. G. Ryon, M. D., Junior Physician.

Robert Mason, M. D., Medical Interne.

J. A. Boyle, M. D., Medical Interne.

Hospital long-distance telephone 19 Islip.

Telegraph Central Islip, Long Island.

SCHEDULE OF TRAINS

For Central Islip

Leave	A. M.	A. M.
Long Island City.....	8.40	11.00

*Includes 28 employees of the Gen. Administration Dept.

Asylum Directory
From Central Islip

Leave	P. M.	P. M.
Central Islip	2.14	4.06

Railroad tickets at reduced rates can be obtained at the hospital or at the city office, No. 1 Madison avenue.

GOWANDA STATE HOMEOPATHIC HOSPITAL.—GOWANDA
ERIE COUNTY

Number of patients, men 156, women 158, total, 314; number of employees, men 48, women 24, total 72.

Daniel H. Arthur, M. D., Medical Superintendent.

George F. Adams, M. D., First Assistant Physician.

Clarence A. Potter, M. D., Junior Physician.

President Board of Managers, Edwin H. Wolcott, M. D., 57 S. Union street, Rochester, N. Y. Long-distance telephone No. 882.

Steward, Earl R. Quackenbush.

Secretary and Treasurer, Fred J. Blackmon, 626-630 Ellicott square, Buffalo, N. Y. Long-distance telephone "Seneca 426."

Counsel, Charles W. Terry, Randolph, N. Y. Long-distance telephone.

Hospital two miles from Gowanda, on Buffalo and Jamestown branch of Erie road. Accessible by carriage from Gowanda.

Hospital long-distance telephone "Gowanda No. 12A."

MATTEAWAN STATE HOSPITAL.—MATTEAWAN, DUTCHESS
COUNTY

(For insane committed on orders of courts of criminal jurisdiction and insane convicts)

Number patients, men 663, women 63, total 726; number of employees, men 118, women 21, total 139.

Post office and railroad station, Fishkill-on-the-Hudson.

H. E. Allison, M. D., Medical Superintendent.

Asylum Directory

Robert B. Lamb, M. D., First Assistant Physician.

Walter M. Clark, M. D., First Assistant Physician.

Jesse M. W. Scott, M. D., Junior Assistant Physician.

Charles H. North, M. D., Medical Interne.

Fifty-eight miles from New York city, on the New York Central and Hudson River railway. It is also accessible by the West Shore railway and the Erie, to Newburg; thence by ferry to Fishkill-on-the-Hudson. The institution may be reached by an electric railway, which runs within one-half mile, from the Hudson River railway station; also public conveyances at the station.

Hospital long-distance telephone call No. 36.

PATHOLOGICAL INSTITUTE FOR THE STATE HOSPITALS—No. 1 MADISON AVENUE, NEW YORK

Ira Van Gieson, M. D., Director.

Henderson B. Deady, M. D., Chief Associate in Pathology.

Henry Lyle Winter, M. D., Associate in Anthropology.

Boris Sidis, M. A., Ph. D., Associate in Psychology and Psychopathology.

Bronislauf Onuf, M. D., Associate in Pathology.

(Vacancy), Associate in Biology.

Henry H. Brooks, M. D., Associate in Bacteriology.

Phoebus A. Levene, M. D., Associate in Physiological Chemistry.

S. Bookman, M. A., Ph. D., Associate in Physiological Chemistry.

C. Judson Herrick, A. B., Associate in Comparative Neurology.

Amalie Busck, Librarian.

Marie Onuf, Archivist and Preparator.

Long-distance telephone call 1728-18.

Asylum Directory

LICENSED PRIVATE ASYLUM SYSTEM

SOCIETY OF THE NEW YORK HOSPITAL—BLOOMINGDALE,
WHITE PLAINS, N. Y.

S. B. Lyon, M. D., Medical Superintendent.

Accessible by Harlem railway. Number of patients, 330. Minimum for those who pay remunerative rates, \$10 per week. This institution receives and treats, gratuitously, a small number of indigent insane, and receives a considerable number of acute and hopeful cases, which pay only part of their expenses.

Long-distance telephone No. 104, White Plains.

New York city office, 10 W. 16th street, Noon.

PROVIDENCE RETREAT—BUFFALO, ERIE COUNTY

(Under the Charge of the Sisters of Charity.)

Harry A. Wood, M. D., Physician in Charge.

John J. Twohey, M. D., Assistant Physician.

Located on Main street, corner of Kensington avenue. Distance from Union railway station, four miles. Accessible by electric street car line. Number of patients limited to 125. Minimum rate for care and treatment of private patients, six dollars per week.

Long-distance telephone "Park 49."

MARSHALL INFIRMARY—TROY, RENSSELAER COUNTY

Hiram Elliott, M. D., Physician in Charge.

Warren H. Everett, M. D., Assistant Physician.

Situated on Linden avenue, one mile from Union railway station. Accessible by electric street car line direct from depot and from the terminus of the Troy and Albany electric road. Number of patients limited to 60. Minimum rate, \$6 per week.

Long-distance telephone call, "Marshall Infirmary," 937.

Asylum Directory

LONG ISLAND HOME—AMITYVILLE, LONG ISLAND

O. J. Wilsey, M. D., Physician in Charge.

Thirty-two miles from New York. Accessible by Mount division of Long Island railway; ferry from East Thirty-fourth street, New York, also from Brooklyn. Only five minutes from railway station. Number of patients limited to 114. Monday, Wednesday and Friday, 1.30 to 2.30 p. m., 130 E. 36th street, New York. Telephone 398 Madison Square. Minimum rate, \$10 per week.

Long-distance telephone No. 2-M, Amityville.

BRIGHAM HALL HOSPITAL—CANANDAIGUA, ONTARIO
COUNTY

D. R. Burrell, M. D., Physician in Charge.

Situated on Bristol street, one mile from the New York Central and Northern Central railway station. Accessible by public carriages, always to be found at the station. Number of patients limited to 78. Minimum rate, \$12 per week.

Long-distance telephone No. 35, or "Brigham Hall."

SANFORD HALL—FLUSHING, NEW YORK CITY

Willet Stuart Brown, M. D., Physician in Charge.

Alvin W. Klein, M. D., Assistant Physician.

Situated about one-quarter of a mile from Long Island railway station, and easily accessible by carriage from any part of Greater New York. In coming from Borough of Manhattan, take ferry at East 34th street, and train to Flushing, Main street. From Borough of Brooklyn, take Flushing avenue trolley for Flushing.

Dr. Brown may be seen at the office in Borough of Manhattan, No. 36 East 29th street, on Tuesday or Saturday, between 10 and 12. Number of patients limited to 44. Minimum rate, \$25 per week.

Long-distance telephone, "17 Flushing."

Asylum Directory

ST. VINCENT'S RETREAT—HARRISON, WESTCHESTER COUNTY

(Under the charge of the Sisters of Charity.)

H. Ernst Schmid, M. D., Attending Physician, White Plains.

Swepton J. Brooks, M. D., Physician in Charge.

For women only. Fifty minutes from New York on the New York and New Haven railway. Trains leave Grand Central station, New York city, for Harrison, every hour, from 9 a. m. to 7 p. m. Number of patients limited to 60. Applications for admission should be made to the Sister in Charge.

Long-distance telephone No. 78 "Mamaroneck."

**BREEZEHURST TERRACE—WHITESTONE, NEW YORK CITY,
LONG ISLAND**

D. A. Harrison, M. D., Physician in Charge.

D. R. Lewis, M. D., Assistant Physician.

Accessible from New York city, from East Thirty-fourth street ferry, via Long Island railroad. From James slip near the Brooklyn Bridge to Long Island City. Trains run every half hour to Whitestone, time 25 minutes. May also be reached by driving, via Ninety-ninth street ferry to College Point, from which place it is about ten minutes drive. Going from Brooklyn, take Greenpoint car or Crosstown car to Long Island City or Corona; thence to Long Island railroad. In taking patients from Brooklyn, it is better to drive, as it only takes a little more than one hour, via Grand street to Newtown, thence through Flushing to Whitestone. Cars arrive from Brooklyn in one hour. Minimum rate, \$20 per week. Number limited to thirty. (Voluntary patients received.) Breezehurst Terrace, five minutes' walk from Whitestone station.

Brooklyn office, 142 Clinton street. New York office, 110 West Fifty-seventh street.

Long-distance telephone Whitestone, 46-F Flushing.

Asylum Directory

WALDEMERE—MAMARONECK, WESTCHESTER COUNTY

E. N. Carpenter, M. D., Physician in Charge.

Forty minutes from New York on the New York, New Haven and Hartford railway. Trains leave Grand Central station, New York city, every hour, for Mamaroneck. Waldemere is one mile from station, where public carriages may be found. Number of patients limited to 18. Minimum rate, \$25 per week.

No telephone connection.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES—

945 ST. MARK'S AVENUE, BROOKLYN

(Between Kingston and Albany avenues.)

Thomas L. Wells, M. D., Physician in Charge.

V. E. Taylor, M. D., Assistant Physician.

The Sanitarium may be reached by the Bergen street car line, the Atlantic avenue railway or elevated railway from Brooklyn Bridge. Stop at Albany avenue station of elevated road. Number limited to sixteen women patients. Minimum rate, \$10 per week.

Long-distance telephone No. 69, Bedford.

GREENMONT-ON-THE-HUDSON—POST OFFICE, SING SING,
WESTCHESTER COUNTY

Ralph Lyman Parsons, M. D., Physician in Charge.

Ralph Wait Parsons, M. D., Associate Physician.

Location, one mile from New York Central R. R. station at Sing Sing. Public carriages may be hired at the station, or a private carriage will be sent by appointment. Only selected cases of mental or nervous diseases are received, and the number is limited to ten. Minimum rate for board, services of a private nurse, medical care and treatment, including Hydrotherapy, \$75 per week. Communication by telegraph or telephone, through the Sing Sing office. Dr. Parsons, or his associate, will be at

Asylum Directory

No. 21 East Forty-fourth street, on Mondays and Fridays, between half-past three and half-past four o'clock p. m., or by appointment.

Long-distance telephone Hart 146-A, Sing Sing, N. Y.

**DR. MACDONALD'S HOUSE—PLEASANTVILLE, WESTCHESTER
COUNTY**

Carlos F. MacDonald, M. D., Physician in Charge.

One mile from Pleasantville station on Harlem railway; two miles from Briar Cliff station on New York and Northern railway; six miles from Tarrytown and four miles from Sing Sing, on Hudson River division New York Central railway. Pleasantville is thirty miles (about fifty minutes) north of New York city. Number of patients limited to ten. House is conducted on the private family plan and only selected cases of mental disease are received. Minimum rate for board, medical attendance and private nurse, \$100 per week. Telegraph and telephone, Pleasantville. Dr. MacDonald will be at 85 Madison avenue, New York city, Mondays, Wednesdays and Fridays from eleven to one o'clock, and by appointment.

New York telephone call "866 Madison Square."

Pleasantville telephone call "No. 4 Pleasantville."

THE PINES—AUBURN, CAYUGA COUNTY

Frederick Sefton, M. D., Physician in Charge.

Guy R. Montgomery, Assistant Physician.

Accessible by the Auburn branch of the New York Central and Hudson River railway, and the Southern Central division of the Lehigh Valley railway. A little over three hours by rail from Rochester, four from Albany and Buffalo, seven from New York city. Number of patients limited to twelve. Minimum rate, per week, including medical attendance, special nurse, private room and special tray service, \$25.

Long-distance telephone No. 261.

Asylum Directory

VERNON HOUSE—BRONXVILLE, WESTCHESTER COUNTY

William D. Granger, M. D., Physician in Charge.

Post office and telegraph, Bronxville, N. Y. Fifteen miles from Grand Central station, New York city. Harlem R. R. trains half-hourly. House one mile from station. Public carriages always to be secured. Number of patients limited to twelve. Minimum price \$40 per week, no extras. New York office, 343 Madison avenue. Tuesdays and Thursdays, 3 to 4 p. m.

Long-distance telephone 34-B Mount Vernon.

INTERPINES—GOSHEN, ORANGE COUNTY

Frederick Whittlesey Seward, M. D., Physician in Charge.

Frederick W. Seward, Jr., M. D., Assistant Physician.

J. Perry Seward, M. D., Associate Physician, 113 W. Eighth street, New York city.

Sixty miles from New York city, on line of Erie railway. Number of patients, limited to sixteen. Minimum rate, \$20 per week.

Long distance telephone call Goshen-5.

GLENMARY—OWEGO, TIoga COUNTY

(Homeopathic. Incorporated 1897.)

J. T. Greenleaf, M. D., Physician in Charge.

Frank M. Hamblin, Assistant Physician.

Three-fourths of a mile from Owego railway station.
 Carriages to and from Owego, Lackawanna, and West
 ways, and on Lehigh Valley.
 patient. Minimum
 Loc.

Asylum Directory

FALKIRK—CENTRAL VALLEY, ORANGE COUNTY

James F. Ferguson, M. D., Physician in Charge.

M. Langdon Bird, M. D., Assistant Physician.

One mile from the Central Valley station, on Newburgh branch of the Erie railroad, 47 miles from New York. Post office and telegraph Central Valley. Number of patients limited to thirty-four. Rates on application. Dr. Ferguson may be consulted at 168 Lexington avenue, New York, on Tuesdays and Fridays, from half-past eleven to half-past twelve.

No telephone.

RIVER CREST—ASTORIA, LONG ISLAND, NEW YORK CITY

J. Jos. Kindred, M. D., Physician in Charge.

Situated on the east bank of the East river, opposite the foot of East One Hundred and Twenty-first street, New York city. Accessible via the Ninety-second Street ferry to Astoria, from which it is one mile over the Shore road. From New York take Lexington avenue cars to Eighty-sixth street; transfer thence to Astoria ferry. From Brooklyn take the Greenpoint car or Cross-town car to Long Island City, there transferring to the trolley line to the Ninety-second Street ferry, Astoria. Patients from New York city and Brooklyn may best be transferred by carriage, as the distance to the foot of East Ninety-second street is only one and one-half miles, and the distance to the city limits of Brooklyn is less than two and a half miles. Telegraph and post office address, Astoria. Minimum rate, \$20 per week. Number limited to thirty-two.

Long-distance telephone 36, Astoria.

DR. COMBES' SANITARIUM

(Junction of Jackson and Flushing avenues, Borough of Queens.)

Post-office, Flushing, N. Y., New York city.

R. C. F. Combes, M. D., Physician in Charge.

Wm. F. Moran, M. D., Assistant Physician.

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